

2017 Summer Camp Registration Form

Port Wentworth Resident Rate is \$50.00 Registration fee and \$70 a week/ Non-Resident \$70 Registration fee and \$90 a week. \$15.00 late fee if not paid by the Friday before each week.

Complete and Return to the City of Port Wentworth City Hall 305 South Coastal Highway!

Please circle the weeks you will be attending: Must be 6 years old to participate!

Camp Week one: May22-26, Week two: May30-June 2, Week three: June5-9, Week four: June12-16,

Week five: June 19-23, Week six: June 26-30, Week seven: July 5-7, Week eight: July 10-14,

Week nine: July 17-21 Week ten: July 24-28

Camp Week (s): _____ **Date of Birth:** / / **Sex:** **AGE:** _____

Child's Name: _____ **Phone:** _____

Address: _____ **City State:** _____ **Zip Code:** _____

Mother/Guardian _____ **Daytime phone:** _____

Father/Guardian _____ **Daytime Phone:** _____

E-mail Address _____

Shirt Size: YS, YM, YL, AS, AM, AL, AXL

Health Concerns (Allergies, Health Problems, Medications, etc.)

The following adults are authorized to pick my child up, including parent (s):

Name _____ **Phone No.** _____

Name _____ **Phone No.** _____

Name _____ **Phone No.** _____

The City of Port Wentworth Leisure Services Department does not provide Accident/Medical Insurance for program participants. I authorize the City of Port Wentworth Leisure Services Department to provide emergency treatment in the event I cannot be contacted. I recognize that participation in Port Wentworth Leisure Services activities may expose my child to some risk of injury. I agree to hold the City of Port Wentworth, the City of Port Wentworth Leisure Services Department, and their elected and appointed officials, employees, agent's, and participating volunteers harmless from any claims for damage to any property or persons which may occur through participation in any of The City of Port Wentworth's Leisure Services Departments programs.

I have read and understand the above information. My child has permission to participate in the City of Port Wentworth Leisure Services program in accordance with the conditions set forth above. I give my child permission to attend and be transported on all field trips scheduled during this Port Wentworth Leisure Services program. **Circle No if I don't want my child picture on City social media.**

Parent Print your name: _____

Parents Signature: _____ **Date** / / _____

Total amount paid today and Wks. attending: _____

Register at the City of Port Wentworth City Hall 305 South Coastal Highway 31407 (912)966-7428