

# City of Charleston Recreation Department

## Summer Camp by the Harbor at Hazel Parker Playground

### 2026 Lottery Registration Form

RecTrac \_\_\_\_\_

#### Camp Dates (check weeks for which you are applying)

<input type="checkbox"/> Week 1 (June 1st- June 6th) Theme: Super Hero Academy	<input type="checkbox"/> Week 5 (July 6th—July 10th) Theme: Pirate Party
<input type="checkbox"/> Week 2 (June 8th -June 12th) Theme: Medieval Times	<input type="checkbox"/> Week 6 (July 13th—July 17th) Theme: Wizard World
<input type="checkbox"/> Week 3 (June 15th-June 18th) Theme: Super Spy	<input type="checkbox"/> Week 7 (July 20th—July 24th) Theme: Mad Scientist
<b>*NO CAMP Friday 06/19th for Juneteenth</b>	
<input type="checkbox"/> Week 4 (June 22nd -June 26th) Theme: The Most Magical Place on Earth	<input type="checkbox"/> Week 8 (July 27 - July 31st) Theme: Wild West
<b>*NO CAMP June 29th-July 3rd</b>	<input type="checkbox"/> Week 9 (August 3rd—August 7th) Theme: Week In Hollywood

Child's Legal Name \_\_\_\_\_  
 (As appears on Birth Certificate) FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Are you also registering a sibling for this program? Yes  No  **Siblings will be linked.**

Sibling Name(s): \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Are you a resident of the City of Charleston? Yes  No  Staff verification of residency \_\_\_\_\_

Emergency Contact (if parents cannot be contacted)

Emergency Name \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

Emergency Contact's Address: \_\_\_\_\_

#### INSURANCE INFORMATION

All participants must register and have insurance before beginning summer day camp.

I have my own accident insurance coverage with \_\_\_\_\_

\_\_\_\_\_, I, the undersigned, do hereby give approval for my child to be enrolled in the above camp. I also acknowledge that the City of Charleston Recreation Department will issue no refunds if you choose to not have registrant participate in camp for whatever the cause. I also agree to be financially responsible for any damages or equipment issued to registrant that is not returned in a timely manner.

PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_ DEPARTMENT OF RECREATION STAFF \_\_\_\_\_

**APPLICATION DUE BY 12PM FRIDAY, JANUARY 30TH**

Return via email to Lana Bagley at [bagleyl@charleston-sc.gov](mailto:bagleyl@charleston-sc.gov) or in person at Hazel Parker Playground ONLY

## **Release of Liability for Minor Participants**

**Read before signing**

IN CONSIDERATION OF \_\_\_\_\_, my minor child/ward ("my child"), being allowed to participate in any way in the City of Charleston, Department of Recreation program; travel on field trips, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS "RELEASEEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEEES OR OTHERWISE, to the fullest extent permitted by law.
3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEEES or others, and assume full responsibility for my child's participation; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_

(PARENT/GUARDIAN SIGNATURE)

(PRINTED NAME)

DATE SIGNED

### **UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X \_\_\_\_\_

(PARENT/GUARDIAN SIGNATURE)

(PRINTED NAME)

DATE SIGNED

## **EMERGENCY INFORMATION AND CONSENT**

Given to and carried by Camp Counselors for emergency situations

Participant's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_

Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_

Work Phone \_\_\_\_\_

Family Physician Name \_\_\_\_\_

Work Phone \_\_\_\_\_ City \_\_\_\_\_

**Allergies** (list all or NKA-if none) \_\_\_\_\_

**Medical Conditions** \_\_\_\_\_

I/we hereby grant consent to any and all Health Care Providers designated by City of Charleston, Department of Recreation to provide my child, \_\_\_\_\_, any necessary care as result of any injury/illness. This consent includes First Aid and transportation to/from Health Care Providers by Emergency Services.

**PARENT SIGNATURE**

**DATE**

### **IMAGE RELEASE**

In consideration of \_\_\_\_\_, my minor child/ward being allowed to participate in any way in the City of Charleston, Department of Recreation Program, related events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program.

**PARENT SIGNATURE**

**DATE**

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Authorized names, phone numbers and drivers license # of person (s) for child pick up.

*Please don't forget to include yourself, any other guardians, or spouse, if applicable.*

Full Name:

Phone Number:

Drivers License #

1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

## REGISTRATION AGREEMENT

1. Program services will be provided at Hazel Parker Playground from June 2nd to August 8th, 2025, unless other dates apply.
2. I am responsible for making any payments for all services rendered including before and after camp care as well as field trip money. There is a fee for checks returned for insufficient funds.
3. I understand that my child will not be released to any person not authorized on the registration form.
4. I am responsible for the sign-in and sign-out of my child on a daily basis unless my child has permission to walk
5. If my child has discipline problems, I agree to adhere to the policy and my child can be removed from camp without refund.
6. It is my responsibility to arrange for the pickup of my child each day from camp (unless the child has written permission to walk) by myself, a legal guardian, or an authorized person listed on my information packet. If I am late, I agree to pay a \$1 per minute charge for time after summer camp ends.
7. Cancellations due to inclement weather may result and this will occur without payment refund.
8. The City of Charleston Summer Day Camp program reserves the right to terminate services if the child's placement is not satisfactory. Parents reserve the same right if dissatisfied with the program.
9. The City of Charleston Tax ID number is 57-6000226 for tax purposes. Receipts should be kept as the official statement for proof of payment made.
10. I have read and agree with the fees stipulated for this program.
11. I have read and agree with the Liability Clause of this program.
12. My child's medical/emergency/insurance information has also been furnished.
13. **No refunds.**

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Parent or Guardian signature

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Date

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**Please keep this page for your records** with the weeks you selected to be entered into the lottery registration for Hazel Parker Playground, Summer Camp by the Harbor.

After the lottery is run, you will receive an email to inform you of which weeks your child has received, as well as weeks for which your child has been waitlisted.

You will receive this email no later than FEBRUARY 4TH, 2026

## ***Summer Camp by the Harbor***

Hazel Parker Playground, 70 East Bay Street, Charleston, SC 29401

Drop off **starts at 9:00AM** on the enclosed playground.  
Pick up is at 12:00PM in the building.

Lunch Bunch will be offered this summer. Lunch is not provided.  
12:00-1:00PM | \$4/day/child | sign up at drop off

Please note that there is no early drop off time.

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Applications submitted after the deadline will be automatically waitlisted.