



COLUMBIA COUNTY PARKS & RECREATION DEPARTMENT

P.O. Box 498, Evans, GA 30809

SUMMER SPORTS CAMPS REGISTRATION FORM

(Please Print or Type)

Participant's Name _____ Birth Date _____ Male or Female _____
Last First MI Month/Day/Year (Circle one)

Address _____ City _____ Zip Code _____

Home Phone _____ School _____ Grade _____

Primary Guardian _____ Work Phone _____ Cell Phone _____

Secondary Guardian _____ Work Phone _____ Cell Phone _____

Email Address: _____

Emergency Contact: Name: _____ Phone Number: _____

First time participant? Yes No Birth Certificate T-Shirt Size: YS YM YL AS AM AL AXL
(circle if provided)

All first time participants must provide birth certificate for age verification to complete Registration.

All camps are available for ages 6 - 12 (must be 6 by the first day of camp)

Cost: \$100 - 1st child, \$90 - 2nd child, \$80 - each additional child - per week / camp

Make Check payable to: CCPRD (Columbia County Parks & Recreation Department)

PLEASE CHECK APPROPRIATE WEEK (S) AND / OR SPORT

BASKETBALL
June 12 - 16 _____
July 17 - 21 _____

SOCCER
June 5 - 9 _____
June 19 - 23 _____
July 10 - 14 _____

TENNIS
June 5 - 9 _____
July 17 - 21 _____

GOLF
June 12 - 16 _____

WAIVER: As a parent (guardian) of the above named participant, I hereby waive and release the Columbia County Board of Commissioners, the camp instructors, sponsors, volunteers and other persons associated with this activity of all responsibility and liability of any nature, any and all injuries, sickness, or damages whatsoever incurred as it concerns my child's participation. Further, I certify that my child is physically fit and capable of participating in the activities for which he/she has registered. I give my permission for the free and unrestricted use of my child's picture in any telecast, broadcast or written account of the program. I acknowledge my email address will be used exclusively by the Columbia County Board of Commissioners for the purpose of sharing related information regarding this or other programs and will not be shared with any other parties.

REFUNDS: 100% refund is available up to one week before the camp begins.

Signature: _____ Date: _____

*****OFFICE USE ONLY*****

FEES: RESIDENT \$ _____ OUT-OF-COUNTY \$ _____ LATE \$ _____ TOTAL RECEIVED \$ _____ STAFF _____

CASH / CHECK / MONEY ORDER # _____ CREDIT AUTH # _____ RECEIPT # _____