



## 2024 Summer Camp

Tri-City Leisure Center  
485 Brooks Ave.  
West Columbia SC, 29169  
(803) 939-9309

Director: Lisa Foster  
LFoster@LCRAC.com

### **Days & Time**

Monday – Friday  
Drop off: 7:15 am  
Pick Up: 6:00 pm  
Activities: 9:00 am – 5:00 pm

### **Cost**

\$25 non-refundable registration fee  
Grades 1st - 6th: \$140 weekly  
\$10 weekly sibling discount

Your child will participate in a wide range of organized activities which will include sports, games, arts & crafts, field trips, special events and other activities for their enjoyment and development. We look forward to providing you and your family safe, active, exciting and rewarding summer camp experience!

### **Schedule:**

- Monday – Friday, 7:15 am-6:00 pm, June 3rd - August 2nd
- Structured Group Activities from 9am – 5pm
- Weekly Field Trips (Program Calendar at LCRAC.com)
- Snacks and Drinks Provided Daily (Program Calendar at LCRAC.com)

Lexington County  
Recreation  
& Aging  
Commission



## **Important Camp Information**

### **Facilities**

The program is based at the Spires Recreation, Batesburg-Leesville, and Tri-City Leisure Centers. The program also utilizes many county parks, tennis courts, softball/soccer fields, sand volleyball courts, and playground areas. Local businesses and public/private facilities will also be used.

### **Lunch & Afternoon Snack**

Campers must bring their lunch every day. Refrigeration & microwave heating are not available. Canteen is available for snacks and drinks. A mid-afternoon snack and drink is provided.

### **Clothing**

Campers should wear appropriate clothing for being active and involved every day. Campers are required to wear camp t-shirts on all field trip days. **Tennis shoes are mandatory (No Open Toed Shoes).**

Camper's name should be written on all items brought to camp. Do not bring valuables/personal items. Money should be kept on person or in a secure place. **Lexington County Recreation & Aging Commission will not be held responsible for lost, stolen or damaged personal items.**

### **Payment & Fees**

The required registration fee per child is non-deductible and non-refundable. This ensures that each camper enrolled in the program is covered by insurance. Insurance covering campers is a secondary policy and has a \$50 deductible. Weekly fees are due by Monday of the week the camper attends, or the child cannot attend. Any returned checks are processed through the Lexington County Solicitor's Office.

### **Drop-off & Pick-up**

No camper may be dropped off prior to the camp start time. Campers must be accompanied by an adult to sign in each day. **Campers should arrive no later than 9:00 am.** **Note: If your child (ren)'s group has left on a field trip that child(ren) cannot attend camp until their group returns to the center. Campers may not be picked up or dropped off at a field trip site.** All campers must be picked up by the camp closing time. A \$1 late charge per camper will be issued for every minute after the designated pick up time campers remain at the Center. In the event of an emergency, a phone call to Camp Directors may avoid this charge.

### **Medical Information**

Parents are responsible for notifying Camp Directors of any physical/mental/emotional conditions, special needs, medications, or any other general information regarding their camper(s). Medications may only be administered with a signed Medication Form on file.

### **Children with Special Needs**

Parents of children with special needs must fill out an additional registration form and participate in an evaluation with our special needs consultant and program directors.

### **Camp T-Shirts**

Camp t-shirts are included in your camper's registration fee. Campers are required to wear camp t-shirts on all field trips.

### **Cell Phones, Electronic Devices & Social Networking**

Campers are not permitted to bring cell phones or electronic devices (including smart watches) to camp. We encourage parents to follow LCRAC on Facebook and X (*formerly Twitter*); however, campers are not allowed to contact LCRAC staff by phone, text, email, video game consoles or on social networking sites. All requests made by campers to LCRAC staff will be denied. LCRAC directors will notify parents immediately if this occurs. Please make sure that your child (ren) understand and respect this policy.

## Summer Camp Registration Form

**Camper's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Grade (Next School Year): \_\_\_\_\_ School: \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL AXXL Movie Rating: G PG PG-13

**2nd Camper's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Grade (Next School Year): \_\_\_\_\_ School: \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL AXXL Movie Rating: G PG PG-13

**3rd Camper's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Grade (Next School Year): \_\_\_\_\_ School: \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL AXXL Movie Rating: G PG PG-13

### Parent/Guardian Information

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone # - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone # - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**Registration Fee Must Accompany Completed Application - Prior Balances Must Be Paid in Full Before Registering  
Weekly Fees Are Due The Monday Prior To Your Child(ren) Attending.**

## Summer Camp Registration Form

### Persons authorized to pick up camper(s):

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**\*\*\*Everyone MUST present a photo ID in order to pick up camper(s).\*\*\***

Please list any physical/mental/emotional conditions, special needs, allergies or any other general information about your camper(s) which we need to be informed of:

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### Please check the weeks your camper(s) plan to attend:

☐ June 3-7      ☐ June 10-14      ☐ June 17-21      ☐ June 24-June 28      ☐ July 1-5  
\*Closed July 4\*

☐ July 8-12      ☐ July 15-19      ☐ July 22-26      ☐ July 29-Aug 2

### Please initial the statements below

- \_\_\_\_\_ I have received a copy of the camp program handbook which includes the discipline policy.  
I have read it and agree to adhere to it.
- \_\_\_\_\_ I understand that LCRAC does not administer corporal punishment.
- \_\_\_\_\_ I understand that my camper(s) is covered with secondary insurance (\$50.00 deductible).
- \_\_\_\_\_ I give LCRAC permission to transport my camper(s) on approved field trips using LCRAC buses.
- \_\_\_\_\_ I understand that all weekly fees are due in advance or the camper(s) may not attend that week.
- \_\_\_\_\_ I understand that my camper(s) photo may be taken for use in promotional literature.  
I waive the right to inspect or approve the photo if used for such purposes.
- \_\_\_\_\_ I understand that any medications that must be administered to my camper require a Medication Form signed by a parent or guardian.
- \_\_\_\_\_ I understand LCRAC's policies in regards to illness safety precautions and procedures. I agree to adhere to these policies.
- \_\_\_\_\_ I agree to show respect towards LCRAC staff and directors at all times. Any issues that need to be addressed shall be done so in a considerate manner with a director. LCRAC reserves the right to remove participants from our programs based on behavior of parent/guardian(s).

### Waiver:

I certify that my child is able to participate and hereby give my approval for the above-named camper(s) to participate in any and all camp activities including swimming. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs, executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against the Lexington County Recreation and Aging Commission, their agents, representatives, and successors, for any and all claims of liability. In the event of an emergency, if camp staff is unable to contact me I hereby authorize for medical treatment. By signing below, I assume all responsibilities for charges incurred on my camper(s) account.

Parent(s)/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_