

Event: _____

Event Date: _____

Mail form and money to: **Pendleton District Commission**
P.O. Box 565, Pendleton, SC 29631

Make checks payable to: **Pendleton District Commission**

\$6 per child - \$4 per child for each additional child in the same family

Total Amount Enclosed: _____

Registration

Student's Name _____ School Grade _____

Parent / Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Home Phone # _____

Parent/ Guardian Cell Phone # _____

IN CASE OF EMERGENCY DURING EVENT, NOTIFY:

Name: _____ Relationship: _____

Emergency Contact Phone #s on (Date of event md/dd/yyyy) _____, between ___ AM / PM and ___ AM / PM

Phone 1: _____

Phone 2: _____

Special Instructions _____

Family Physician _____

Phone # _____

Health History

Does this child have, or are is he / she subject to the following? (Circle yes or no)

Asthma yes no

Allergies yes no

Fainting Spells yes no

Convulsions yes no

Diabetes yes no

Food Allergies yes no

Sports restrictions yes no

Recent illness yes no

Date of last Tetanus shot _____

Does this child have difficulty with: (Check if yes)

Eyes _____ Ears _____ Nose _____ Throat _____ Lungs _____ Digestion _____

Please describe any of the above in which you have answered yes:

Does the child have any special needs or instructions that our staff and volunteers should know about?

Will this child need to take medication during the event? Yes ___ No ___

If yes, describe the condition and the medication _____

Time medication should be taken? _____

Medical Insurance Company _____

Hospital Insurance ___yes ___no

Policy # _____

Insurance Company Telephone # _____

***Upon arrival at event,
medication, with instructions,
must be given to Day Camp
Staff.***

AUTHORIZATION OF NATURAL PARENT/LEGAL GUARDIAN: This health history is correct to my knowledge, and the person described has my permission to engage in all prescribed activities, except as noted by the doctor and me. In the event that I, or the designated emergency contact cannot be reached in an emergency, I hereby give permission to the doctor, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.

Signature: _____

Date: _____

LIABILITY RELEASE FORM

In order to participate in the event being held at the Agricultural Museum of South Carolina, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant) do hereby release, forever discharge and agree to hold harmless Pendleton District Commission and the Bart Garrison Agricultural Museum of South Carolina and the Directors thereof, and volunteers for, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said organization, its directors, Employees, agents, and volunteers, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and do hereby grant my (our) permission for him / her to participate fully in said activities and/or trip, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs and understand that there will be no refunds for the cost of the activity and/or trip.

(Typed or print name of participant)

(Signature of Parent / Guardian)

(Signature of Parent / Guardian)

(Typed or printed name of Parent / Guardian)

(Typed or printed name of Parent / Guardian)

BOTH PARENTS/GUARDIANS MUST SIGN UNLESS DIVORCED/SEPARATED OR DECEASED