



Mauldin Sports Center

Summer Camp 2019

Child's Name: _____ Gender: M or F

Child's Birthday: _____ Age: _____ Grade in Fall of 2019: _____

Prim. Guardian Name: _____

Prim Guardian Address: _____

Prim. Guardian Email: _____

Prim. Guardian Primary Phone: _____

Prim Guardian Secondary Phone: _____

Guardian #2 Name: _____

Relationship to child: _____

Is Guardian #2 allowed to pick up child: Yes or No

Guardian #2 Primary Phone: _____

Guardian #2 Secondary Phone: _____

Emergency Contact/Pick up #1 Name: _____

Emergency Contact/Pick up #1 Phone: _____

List necessary medical info about child: _____

To participate in this program, I need a modification because of disability. Yes ___ No ___

If you indicate a need for support, staff from City of Mauldin Recreation will contact you to see what we can do.

Pick up #2: _____ Prim. Phone _____

Pick up #3: _____ Prim. Phone _____

Pick up #4: _____ Prim. Phone _____

Please circle when you would like to have your child attend:

Session 1: June 17-21

Session 2: June 24-28

Session 3: July 1-5 (No camp 4th)

Session 4: July 8-12

Session 5: July 15-19

Session 6: July 22-26

Session 7: July 29-Aug 2

Session 8: Aug 5-9

MSC Member daily rate: **\$20 per child**

Non-MSc member daily rate: **\$25 per child**

MSC Member rate per Session: **\$85 per child**

Non-MSc member rate per Session: **\$110 per child**