



361 Pine Street Varnville S.C 29944

Phone: 803-943-2857

Fax: 803-943-2768

Email: rowens@hamptoncountysc.org & mfail@hamptoncountysc.org



Child – Program Registration & Release Form

Student Name: _____

Camp: _____

Gender: Male Female Date of Birth: _____ Age: _____

Please circle one

Emergency Information

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work: _____

Emergency Contact: _____ Phone #: _____

I, _____ request registration for my child in the above mentioned Program/ Event at the

(Parent/ Guardian of the above mentioned Child)

Hampton County Recreation Dept.

I, _____ do take full knowledge and risk of injury to allow my child to

(Parent/ Guardian of the above mentioned Child)

participate in the above mentioned program. Also, at the participants sole risk and on his/her own behalf and on the behalf of his/hers, executors, and assigns herby release, discharge, and agree to hold harmless the Hampton County Recreation Dept., its instructors, Staff and all parties involved.

I, _____ give the Hampton County Rec. Dept. Permission to take and release

(Parent/ Guardian of the above mentioned Child)

pictures for use on the Official Hampton County Website and/ or any other media used for advertising for Hampton County Rec. Dept.

Signature of parent or Gaurdian

Date

Email Address