



1019 Garden Valley Lane
Columbia, SC 29210
803-772-2500
www.gamechangerssc.org

GAME CHANGERS CAMP REGISTRATION FORM 2024

Camper's Legal Name _____ Name Goes By: _____
Date of Birth: _____ Age: _____ Grade Completed: _____ Check One: Boy or Girl
Address: _____ Apt/Lot# _____
City: _____ State: _____ Zip: _____
Email: _____ Home Phone: _____
Camper lives with: Mom Dad Both Other:

Dad's name: _____ Mom's name: _____
Dad's work phone: _____ Mom's work phone: _____
Dad's cell phone: _____ Mom's cell phone: _____
Emergency Contact: _____ Phone: _____

Persons Authorized to Pick Up Camper:

The following persons are hereby authorized to pick up my child from camp if I am unable to do so:

Name & relationship: _____ Phone: _____
Name & relationship: _____ Phone: _____

Physician's Name & Phone Number: _____

Medical Insurance Company: _____ Policy No: _____

Does your child require medication during program hours: YES NO

Allergies: YES NO If yes, explain? _____

Physical limitations: YES NO If yes, explain? _____

Behavioral/Emotional concerns and/or needs: YES NO If yes, explain: _____

I have answered the questions of this registration form to the best of my knowledge with honesty. I agree to the rules and guidelines that camp has set forth for its programs, campers, and parents. My signature below authorizes the above individuals to pick up my child in the event that I am not able to do so. I, the undersigned parent/guardian of this minor child, give permission for this child to participate in all camp activities. I hereby give permission for the adult bearer of this document or a photocopy thereof to give consent for emergency medical or surgical treatment of my child by a licensed physician.

Parent or Legal Guardian Signature(s)

Date



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Select weeks of attendance below:

- | | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 3 - 7 | <input type="checkbox"/> June 10 - 14 | <input type="checkbox"/> June 17 - 21 | <input type="checkbox"/> June 24 - 28 |
| <input type="checkbox"/> July 1 - 5 | <input type="checkbox"/> July 8 - 12 | <input type="checkbox"/> July 15 - 19 | <input type="checkbox"/> July 22 - 26 |

***No camp on July 4, 2024**

You may mail this registration form and check payable to **Game Changers**, 1019 Garden Valley Lane, Columbia, SC 29210 **OR** email this form to gamechangers.riversedgeretreat@gmail.com . You may also come by the facility between the hours of 10am-12pm, Monday – Friday.