

2025 Summer Safari/Extreme Safari Registration

PLEASE PRINT. FORM MUST BE FILLED OUT COMPLETELY.

SELECT T-SHIRT SIZES
☐XS ☐S ☐M ☐L
☐AS ☐AM ☐AL ☐AXL
Sizes available-youth extra small to adult extra large

CHILD'S NAME <small>PLEASE COMPLETE ONE APPLICATION PER CHILD</small>				PARK LOCATION <small>Check One</small>	DATE OF BIRTH	GRADE '25-'26 <small>rising grade</small>	SEX <small>Check one</small>	PICK UP PASSWORD
				<input type="checkbox"/> Seven Oaks <input type="checkbox"/> Crooked Creek			<input type="checkbox"/> Male <input type="checkbox"/> Female	

MEDICAL INFORMATION - Medication, Allergies, Special Needs, Etc.					
STREET ADDRESS		CITY	ZIP CODE	PRIMARY PHONE	PRIMARY EMAIL

PARENT/GUARDIAN 1	PRIMARY PHONE #	SECONDARY PHONE #	ALTERNATE PHONE #
PARENT/GUARDIAN 2	PRIMARY PHONE #	SECONDARY PHONE #	ALTERNATE PHONE #

In the event of an emergency, the child's mother and father will be contacted first. If they cannot be reached, we will attempt to reach the following emergency contacts.

EMERGENCY CONTACT #1 <small>OTHER THAN PARENT</small>	RELATION TO CHILD	PHONE NUMBER	EMERGENCY CONTACT #2 <small>OTHER THAN PARENT</small>	RELATION TO CHILD	PHONE NUMBER

Please list all individuals AUTHORIZED to pick-up your child(ren). Please include parents and emergency contacts. Only those listed below will be permitted to pick-up your child(ren). Any changes to this list must be made in writing. We reserve the right to ask for identification from anyone picking up your child(ren).

NAME	RELATION TO CHILD	NAME	RELATION TO CHILD

Please list all individuals NOT AUTHORIZED to pick-up your child(ren). Those listed below will not be permitted to pick-up your child(ren). Any changes to this list must be made in writing. We reserve the right to ask for identification from anyone picking up your child(ren).

NAME	RELATION TO CHILD	NAME	RELATION TO CHILD

Weeks Attending	
Please check each week your child will attend Summer or Extreme Safari	
<input type="checkbox"/> WEEK 1: JUNE 2-6 <input type="checkbox"/> WEEK 2: JUNE 9-13 <input type="checkbox"/> WEEK 3: JUNE 16-20 <input type="checkbox"/> WEEK 4: JUNE 23-27 <input type="checkbox"/> WEEK 5: JUNE 30-July 3 (\$123 PRORATED WEEK) <input type="checkbox"/> WEEK 6: JULY 7-11	<input type="checkbox"/> WEEK 7: JULY 14-18 <input type="checkbox"/> WEEK 8: JULY 21-25 <input type="checkbox"/> WEEK 9: JULY 28-AUGUST 1 <input type="checkbox"/> WEEK 10: AUGUST 4-6 (\$95 PRORATED WEEK) <input type="checkbox"/> AUTODRAFT MY ACCOUNT ENDING IN _____ <small>(LAST 4 DIGITS OF ACCOUNT # REQUIRED)</small>

FOR STAFF USE ONLY	
WEEK 1: <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> L	WEEK 7: <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> L
WEEK 2: <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> L	WEEK 8: <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> L
WEEK 3: <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> L	WEEK 9: <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> L
WEEK 4: <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> L	WEEK 10: <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> L
WEEK 5: <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> L	
WEEK 6: <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> L	

Please read and initial the following statements. All information must be completed to enroll in the Summer/Extreme Safari Programs.

_____ **Payment is due the Monday prior to each week your child participates in camp. (E.G. Payment for the week of June 2nd is due Monday, May 26th).**

_____ Your child will not be permitted to stay without full payment. Checks and money orders should be made payable to ICRC and include your child's name. If payment is not made by the due date, you will forfeit your child's spot for that week.

_____ ICRC does NOT issue refunds (full or partial) after the final payment for camp is due. Payments may NOT be transferred to later weeks in the Summer or Extreme Safari Camps or transferred to Afternoon Safari accounts at any time. **Deposits are non-refundable.**

_____ Children must wear athletic shoes and socks everyday. NO SANDALS or open-toed shoes.

_____ ICRC will not be responsible for lost, stolen or broken items.

_____ In an emergency, if a parent/guardian or emergency contact cannot be reached, 911 will be called. All medical expenses and ambulance fees will be the sole responsibility of the parent/guardian.

_____ We will release your child(ren) to only those on your authorized pick-up list. Everyone on this list must be at least 16 years of age. We reserve the right to ask for identification from anyone picking up a child from Summer Safari.

_____ Campers are expected to respect the staff, the rules and each other. Discipline procedures include "time-out", loss of privileges, a phone call to parents and discipline forms. Discipline forms are completed for repetitive or severe discipline problems. Our staff will handle any behavior or discipline problem to the best of his or her ability. Parents are not permitted to approach other children in an effort to resolve these matters. For repeated/serious discipline problems, ICRC reserves the right to remove a child from Summer or Extreme Safari at any time. No refund will be issued if your child is removed. Physical contact in disciplining the children is avoided, but may be used to restrain children from harming themselves or others. If a student receives three discipline forms, he or she will be suspended for two days. A fourth discipline form will result in a one-week suspension. A fifth form may result in expulsion from Safari programs for a full calendar year. ICRC reserves the right to remove a child from Safari at any time. Behavior that may result in immediate expulsion include, but are not limited to, physical violence, use or possession of drugs or alcohol, weapon possession, vandalism/destructive behavior, sexual misconduct, or threatening behavior.

_____ Behavioral issues may result in a loss of field trip privileges.

_____ We are unable to honor requests for specific groups or to be with another camper as children may not be in the same group each week.

_____ G and PG rated movies are occasionally offered as part of the Summer Safari program and PG-13 movies may be offered for Extreme Safari.

As parent/guardian of the above named child, I have received, read, understand and agree to abide by the guidelines of this program. I understand that failure to do so can be cause for removal from this program. I give the above named child my permission to participate in all Summer & Extreme Safari activities including off-site field trips and transportation for these trips. I am responsible for signing my child out each day and notifying program staff regarding any changes in the information provided above. I give my permission for ICRC to photograph my child and publish these images in the media and/or publicity purposes. Agreement and Full Release of Liability: This release is intended to be as complete and comprehensive as possible under the law. I acknowledge that there are risks of physical injury to me and my minor child from participating in activities offered by the Irmo Chapin Recreation Commission. I understand these risks and have had an opportunity to inquire into these risks. I agree to release and discharge the Irmo Chapin Recreation Commission and its agents, employees and volunteers from all liability for any injury to me or my minor from negligence. If I or my child becomes injured, I authorize the Irmo Chapin Recreation Commission to assist with procuring proper medical care. I understand that I am responsible for all medical costs.

Insurance Coverage:

☐ YES, I do wish to purchase accident coverage at a cost of \$6.00/per child.

☐ NO, I do not wish to purchase accident insurance for my child): The above named child is covered by adequate personal accident coverage. I understand that ICRC does not provide accident insurance for participants.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____ Age: _____

Employee Witness: _____ Date: _____



**IRMO CHAPIN
RECREATION
COMMISSION**

SAFARI Programs

Behavior Expectations and Discipline Policy

The ICRC Safari staff makes every effort to help children understand clear definitions of acceptable and unacceptable behavior. It is important that staff maintain order and control in all programs. Top objectives in all ICRC programs are safety and a positive atmosphere for learning and developing skills.

A child's behavior is expected to be consistent with the following: use appropriate language at all times; cooperate with staff and follow directions; respect other children and staff, equipment, facilities and self; maintain a positive attitude and stay in program areas. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal from the program.

The Safari programs do not condone and do not permit: ridiculing, threatening and using an inappropriate loud voice, corporal punishment, leaving children unsupervised or use of profanity. Our staff will address any behavior/discipline problems to the best of his or her ability within the Safari guidelines. Parents are not permitted to approach other participants in an effort to resolve these matters.

The Discipline Policy:

- 1) Discipline procedures include verbal warning, "time-out", loss of privileges, a phone call to parents, parent conferences and discipline forms.
- 2) Discipline forms are completed for repetitive or serious discipline problems. Parents are required to sign the discipline form to acknowledge that they have been made aware of the problem.
- 3) If a participant receives three discipline forms, he or she will be suspended for two days.
- 4) A fourth discipline form will result in a one week suspension.
- 5) A participant receiving a fifth discipline form may result in expulsion from the Safari programs for a full calendar year from date of expulsion.
- 6) ICRC reserves the right to remove a participant from the Safari programs at any time.

Behaviors which may result in immediate dismissal include, but are not limited to:

- 1) Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff.
- 2) Fighting
- 3) Possession of a weapon of any kind.
- 4) Vandalism or destruction of park/school property, or property of others.
- 5) Sexual misconduct
- 6) Possession of or use of alcohol or controlled substances unless under the prescription of a physician.
- 7) Running away
- 8) Biting or other physical harm. Physical contact in disciplining children is avoided, however, may be used to restrain participants from harming themselves or others.

I have read, understand and agree with the policies as stated in this document and discussed the expectations of behavior with my child.

Parent/Guardian Signature: _____ Date: _____

Name of child attending Safari Program: _____

Participant's signature: _____



SAFARI HEALTH HISTORY FORM

Crooked Creek Park
(803) 345-6181
Seven Oaks Park
(803) 772-3336

Please complete both sides of this form and turn in with registration. Attached additional information if needed.

Participant Name: _____ Household Number: _____
First Middle Last
☐ Male ☐ Female Birth Date _____ Age at : _____
Month/Day/Year

Participant Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Participant: _____ Preferred Phones: (____) (____)
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Participant: _____ Preferred Phones: (____) (____)
Email: _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship to Participant: _____ Preferred Phones: (____) (____)

Allergies: ☐ No known allergies. ☐ This participant is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below what the participant is allergic to and the reaction seen.)

Diet, Nutrition: ☐ This participant eats a regular diet. ☐ This participant eats a regular vegetarian diet. ☐ This participant is lactose intolerant.
☐ This participant is gluten intolerant. ☐ Other, *please explain in space.*

Restrictions: ☐ I have reviewed the program and activities of the camp and feel the participant can participate without restrictions.
☐ I have reviewed the program and activities of the camp and feel the participant can participate with the following restrictions or adaptations.
(Please describe below.)

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all activities except as noted by me and/or an examining physician. I give permission to the physician selected by ICRC to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with ICRC staff. I give permission to photocopy this form. In addition, ICRC has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with ICRC staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Participant: _____

If for religious or other reasons you cannot sign this, contact ICRC for a legal waiver which must be signed for attendance.

Participant Name
First
Middle
Last
(For Staff Use)
Group
(For Staff) 2024 Summer: 1 2 3 4 5 6 7 8 9 10 11 ANS 24-25

Medication:

- ☐ This participant will not take any daily medications while attending.
☐ This participant will take the following daily medication(s) while attending:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Provide only enough of each medication to last the entire day/week the participant will be attending. Medication may NOT be left at camp over the weekend. Medication must be checked in & out weekly.***

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given	Possible Side Effects
			<input type="radio"/> Morning Snack <input type="radio"/> Lunch <input type="radio"/> Afternoon Snack <input type="radio"/> Other _____			
			<input type="radio"/> Morning Snack <input type="radio"/> Lunch <input type="radio"/> Afternoon Snack <input type="radio"/> Other _____			
			<input type="radio"/> Morning Snack <input type="radio"/> Lunch <input type="radio"/> Afternoon Snack <input type="radio"/> Other _____			

Medication must be in the original container with the pharmacy label, or in the case of over-the-counter medications the manufacturer's label on it.

As parent/guardian of the above-named participant, I request that Irmo Chapin Recreation Commission administer the medication provided according to the instructions listed above. I have provided the medication in its original container.

Signature of parent/guardian: _____

Name of Physician: _____ Phone number: _____

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the participant:

- | | | | |
|---|--|--|--|
| 1. Ever been hospitalized? | <input type="radio"/> Yes <input type="radio"/> No | 10. Had fainting or dizziness? | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Ever had surgery? | <input type="radio"/> Yes <input type="radio"/> No | 11. Passed out/had chest pain during exercise? | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="radio"/> Yes <input type="radio"/> No | 12. Had mononucleosis ("mono") during the past 12 months?..... | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Had a recent infectious disease? | <input type="radio"/> Yes <input type="radio"/> No | 13. If female, have problems with periods/menstruation?..... | <input type="radio"/> Yes <input type="radio"/> No |
| 5. Had a recent injury? | <input type="radio"/> Yes <input type="radio"/> No | 14. Had asthma/wheezing/shortness of breath?..... | <input type="radio"/> Yes <input type="radio"/> No |
| 6. Ever had back/joint problems?..... | <input type="radio"/> Yes <input type="radio"/> No | 15. Have problems with diarrhea/constipation?..... | <input type="radio"/> Yes <input type="radio"/> No |
| 7. Have diabetes? | <input type="radio"/> Yes <input type="radio"/> No | 16. Have any skin problems?..... | <input type="radio"/> Yes <input type="radio"/> No |
| 8. Had seizures? | <input type="radio"/> Yes <input type="radio"/> No | 17. Had headaches? | <input type="radio"/> Yes <input type="radio"/> No |
| 9. Wear glasses, contacts, or protective eyewear? | <input type="radio"/> Yes <input type="radio"/> No | | |

Please explain "Yes" answers in the space below, noting the number of the questions.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the participant:

- | | |
|---|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="radio"/> Yes <input type="radio"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Had a significant life event that continues to affect the participant's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="radio"/> Yes <input type="radio"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. ICRC may contact you for additional information.

What Have We Forgotten to Ask? Please provide in the space below any additional information about the participant's health that you think important or that may affect the participant's ability to fully participate in the program. ***Attach additional information if needed.***

Sports / Recreation ACCIDENT INSURANCE

Standard Life and Casualty Insurance Company • P.O. Box 510690 • Salt Lake City, UT 84151-0690
Fax: 801-538-0392 • Toll Free: 800-327-0695

VOLUNTARY \$250,000 COVERAGE

- (1) **PRIMARY COVERAGE** -- Pays regardless of other insurance, directly to you, your doctor, or hospital.
- (2) **NO DEDUCTIBLE** -- Pays from first visit.
- (3) **ALL ACTIVITIES** -- Sponsored and supervised by the recreation organization -- except 10-12th grade football.

The policy covers participants enrolled for activities conducted by the policyholder for bodily injury caused by accidents while:

- A. Attending or participating in any regularly scheduled or authorized group activity of the policyholder which is conducted under the supervision of a leader;
- B. Traveling with other members of the policyholder as a group under the supervision of a leader.

ACCIDENT MEDICAL EXPENSES BENEFIT \$250,000 – NO DEDUCTIBLE

Pays expenses incurred within 24 months after the date of accident for doctors, dentists, surgeons, hospitals, ambulance or registered nurse for treatment (commencing within 30 days) of any covered injury, with the following limitations:

- (1) Doctor's Calls - \$25.00 first visit and \$15.00 per daily visit thereafter for non-surgical treatment.
- (2) Surgeon's fees according to schedule - \$1,100 maximum.
- (3) Anesthesiologist -- 25% of the surgical allowance.
- (4) Out-patient X-ray, including radiologist - \$25.00 per X-ray - \$125.00 maximum.
- (5) Hospital room and board limited to \$115.00 daily maximum.
- (6) Hospital miscellaneous - \$200.00 first day confined, \$100.00 second and \$50.00 daily thereafter.
- (7) Emergency Room - \$115.00 maximum.
- (8) The maximum limit for dental expenses as result of injury to natural teeth is \$200.00.
- (9) Ambulance - \$75.00 each trip - \$150.00 maximum.

HOW THE PLAN WORKS -- A policy is issued to the Recreation Organization. You will be either insured from the effective date of the policy or from the date on which premium is paid, whichever is later. Because of the small charge for this protection, there is no reduction in cost for late enrollment. Your insurance will expire at the end of the Recreation Organization's policy term.

Send All Claims To:



Standard Life and Casualty
PO Box 510690
Salt Lake City, UT 84151-0690

PARTIAL DESCRIPTION ONLY – RECREATION ORGANIZATION HAS POLICY.

ONE PREMIUM per person insures that person for **ALL** sports and **ALL** other activities in which he / she participates throughout the policy period.

Please Complete Enrollment Form &
Return To The Recreation Office With
Correct Premium

Through Age 18
\$6.00
Per Person

ENROLLMENT FORM

I do want _____ insured
(name)

I do not want _____ insured
(name)

X _____ Date _____
(Signature of insured, parent or guardian)

Please make check payable to your recreation organization.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT INDEMNITY

For Loss within 180 days of accident:

Life	\$5,000
Both hands, both feet, or sight of both eyes	5,000
One hand and one foot	5,000
One hand or foot, and sight of one eye	2,500
One hand or one foot	1,000
Sight of one eye	500
Two or more fingers or toes	250
One finger or one toe	150

NOT COVERED — (1) War, riot, civil disorder, suicide, any intentionally inflicted injury, or non-commercial air travel; (2) play, practice or travel in connection with any form of organized football in which any 10th, 11th or 12th grade student participates or adult football; (3) artificial aids such as crutches, braces, artificial limbs, hearing aids and eye glasses or prescription therefore, orthodontic treatment and appliances, or dental treatment except for injury to natural teeth, except as specifically provided for in the policy. Damage to teeth caused by biting, chewing or grinding is not covered; (4) disease, mental or bodily infirmity, aggravation of an existing condition, or hernia, regardless of cause; (5) injuries occurring while under the influence of or affected by intoxicants or narcotics; (6) insect bites, poison oak, poison ivy, warts, blisters, in-grown nails, food poisoning or any other similar condition; (7) bacterial infections except infections occurring through an open wound; (8) injuries sustained while operating or while a passenger in or on any two or three wheel motorized vehicle, or any 4-wheel motorcycles; (9) injuries resulting from fighting and/or activities in violation of any law are not covered; (10) payment of medical expenses incurred as a result of injuries suffered in automobile or motorized boat accidents shall be limited to \$2,500.00. This plan will pay against unpaid balances according to the schedule of benefits. No benefits are payable for any expense which is

paid or payable by any automobile insurance policy; (11) expense incurred for out-patient prescription drugs and medicines; (12) any charges the insured person is not legally obligated to pay; (13) **elective surgery except cosmetic surgery made necessary as a result of a covered injury**; (14) any loss covered under the Workmen's Compensation Act or similar law, nor confinement in a hospital owned or operated by the Federal, State, County or Local Government unless, in the absence of insurance, there is a legal obligation to pay for treatment or service; (15) **traveling directly between home and the place where any activity is conducted for the purpose of attending or returning from such activity. Dependents are not covered. There is no conversion privilege.**

CLAIMS — Notice of claim must be given to the Recreation Organization within thirty days after the date of the accident. The policy requires that proof of claim be filed within ninety days of loss. Claim payment can be made directly to the insured or benefits may be assigned to either a doctor or hospital. Claims will be paid promptly by the company.



SPORTS

