

Summer Camp for Champs
KT Destiny Center
Camp Destiny Application
Ages 5-17

Application Deadline May 27, 2019

Camper Name: * Last _____ First _____

Address: * _____ City _____ State _____ Zip _____

Home Phone (+ area code) * _____ Cell _____

Camper Age: * _____ Date of Birth DD/___/MM___/YY _____

Parent Name* _____ Phone () _____ - _____

Email Address: * _____

Camp Dates and Locations June 10th– Aug 2, 2019 @ KT Destiny Center 6750 Tillman Hwy Ridgeland SC

Please check week(s) Cost per Week: \$60.00

Drop in \$15.00 1st day – 2nd day \$20.00

LATE ARRIVAL FEE \$5.00 FOR EVERY 5 MINS LATE

(Non –refundable & No Prorate)

(CLOSE- JULY 4th - 5th)

Payment Method: Check – Money order – or Cash

I have read the completed application; understand the rules of the KTDC summer camp. I acknowledge, on behalf of myself, any other parent or guardian of my child, I/we agree to indemnify and hold harmless the KTDC, their agents, members, employees, counselors, and volunteers, from any all liability, claims, suits, demands, damages, judgments, costs, interests and expenses (Including attorney's fees and all legal costs, any injury and costs of medical services, etc.) arriving directly or indirectly from KT Destiny Center summer camp or participation or transportation of my child with regard to any activity. I further waive all claims I may have against KTDC, to the fullest extent permitted by law. I also acknowledge I have the authority and ability to sign this permission form inclusive with all of its components. In the event any provision of this form is deemed invalid, the balance remains in full force and effect. I give my consent for photographs, in which the camper(s) may appear to be used in any way the KTDC may use them to support the mission of the KTDC.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the KTDC to allow any physician, medical facility, or other healthcare provider, including paramedic, to provide any emergency medical treatment deemed necessary in the event of injury or illness of my child.

Signature

Date

Please return all application to KTCD or E-mail ktdcares4u@yahoo.com