



Sparty's Kids Camp Required Document

Participant's Full Name	
Date of Birth	
Age	
Grade	
Home Address	
Dates of Camp	

CONSENT AND WAIVER

In consideration of my Child, the Participant, being permitted to participate Sparty's Kids Camp, **I, and on behalf of my Child, agree and understand that:**

- My Child will abide by all the rules, guidelines, regulations, and code of conduct of USC UPSTATE and/or host/site location requirements;
- My Child may be asked to leave Sparty's Kids Camp if I or my Child do not abide by the rules, regulations, and code of conduct of USC UPSTATE and/or the host site location requirements;
- Sparty's Kids Camp staff have sole authority to make decisions regarding my Child's continued participation if my Child's conduct or the circumstances warrant removal, dismissal, expulsion, discipline, or other action including return to home base or permanent residence at my sole expense, without notice to me, and the forfeiture of funds, deposits, or fees;
- My Child's participation in Sparty's Kids Camp is voluntary and not in the capacity as a representative or employee of USC UPSTATE;
- I recognize that my Child's participation in Sparty's Kids Camp, including field trips and transportation to and from activity sites, carries with it risks, including, but not limited to, criminal acts, injuries, illness, death, paralysis, property losses, and other damages, that cannot be eliminated regardless of the care taken;
- Any person required to register under Article 7, Sex Offender Registry, is prohibited from living in campus student housing. S.C. Code of Laws Ann. 23-3-465 (2005);
- I have investigated the risks involved in Sparty's Kids Camp, and I freely assume the risks and consent to my Child's participation;
- I further declare that my Child is fit and capable of participating in Sparty's Kids Camp.

Further, I, and on behalf of my Child, agree to:

- Attend all required meetings and orientation sessions;
- Complete and timely submit all necessary forms and paperwork;
- Timely pay any necessary deposits or fees;
- Confirm that my Child has medical and health insurance coverage while participating in Sparty's Kids Camp.
- Certify that I have read, understand, and agree to all terms of the consent and declaration of prescription medications, over-the-counter drugs, and health or medical monitoring devices policy; and am the parent/legal

guardian with the authority to provide the authorization and consent and declaration of prescription medications, over-the-counter drugs, and health or medical monitoring devices terms and conditions forms;

- Give Sparty's Kids Camp staff the permission, in case of accident or injury, to administer standard First Aid/or to arrange for transportation to a medical facility;
- Be solely and completely liable for any expenses incurred on my or my Child's behalf, including, but not limited to, medical or health care expenses;
- Advise the USC UPSTATE Sparty's Kids Camp staff and/or host site administrators of any situation or condition that may be a potential hazard or risk.

I furthermore agree that my Child can be released to the following individual(s) during the USC UPSTATE Sparty's Kids Camp. Please ONLY include additional approved pickups that were not included on the initial Sparty's Kids Camp online registration. Parents/Guardians: Please authorize to whom we can release your Child. Please do not ask us to rely on a verbal permission over the phone.

Name and Relationship of Individual (Printed) and Date	
Signature of Parent or Guardian	

Name and Relationship of Individual (Printed) and Date	
Signature of Parent or Guardian	

Name and Relationship of Individual (Printed) and Date	
Signature of Parent or Guardian	

PHOTO RELEASE

I give USC Upstate, its agents, employees, servants, assigns, and successors, without expectation of value, permission to:

1. Record my Child's likeness and appearance on video tape, audio tape, film, photograph or any other medium; and
2. Use my Child's name, likeness, voice, and biographical material in connection with these recordings; and
3. Exhibit, copy or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose or advertisement campaigns which the University of South Carolina Upstate, and those acting pursuant to its authority, deem appropriate.

Name and Relationship of Individual (Printed) and Date	
Signature of Parent or Guardian	

WAIVER AND RELEASE OF LIABILITY

Further, in consideration for my Child being permitted to participate in Sparty's Kids Camp, I, as the natural parent and/or as the legally authorized guardian, do hereby for myself, my family, heirs, my estate, my Child's estate, our administrators, personal representatives, agents, and assigns agree not to sue, AND I release, waive, discharge, hold harmless and indemnify, and forever defend the State of South Carolina, the University of South Carolina Upstate, its members of the Board of Trustees, individually and collectively, its officers, employees, servants, agents, and directors, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my Child or me rising out of or in any way associated with my Child's participation in Sparty's Kids Camp, or travel incident thereto.

I warrant I am the parent or authorized legal Guardian of the Participant, and I warrant I am 18 years of age or older. I have carefully reviewed, and I agree to the terms of this entire document.

Name and Relationship of Individual (Printed) and Date	
Signature of Parent or Guardian	

CONSENT AND DECLARATION OF PRESCRIPTION MEDICATIONS, OVER-THE-COUNTER DRUGS, AND HEALTH OR MEDICAL MONITORING DEVICES FORM

This form acknowledges a health status of a minor and must be completed for **ALL** Participants in a University of South Carolina Upstate program for persons under the age of 18.

For my Child to participate in Sparty's Kids Camp, I hereby give consent to receive or give permission for my Child to be in possession of the following Prescription Medications, over-the-counter drugs, or health or medical monitoring devices, according to the terms and conditions in Policy # _____.

Name of Participant's Personal Physician

Phone Number

Address City State Zip

COMPLETE ONE OF THE FOLLOWING OPTIONS:

OPTION A

No medications/devices are approved: I declare that my Child will not be in possession of any prescription medication, over-the-counter-drugs, nor health or medical monitoring devices, including birth control prescriptions, emergency inhalers (such as for asthma), and emergency injectors for anaphylaxis (such as an EpiPen).

Parent/Legal Guardian Initials: _____

OR

OPTION B

For my Child to participate in Sparty's Kids Camp, I hereby give consent to receive or give permission for my Child to be in possession of the following Prescription Medications, over-the-counter drugs, or health or medical monitoring devices.

Note: A form must be completed for each medication or device.

Medication 1	
Name, Address, Phone # of prescribing physician if different from primary physician	
Dosage Instructions	
Medical/Health Monitoring Device	
Potential Side Effects	
Other Information	
Parent/Guardian Name	
Parent/Guardian Signature and Date	Date:
Emergency Contact #	
Medication 2	
Name, Address, Phone # of prescribing physician if different from primary physician	
Dosage Instructions	
Medical/Health Monitoring Device	
Potential Side Effects	
Other Information	
Parent/Guardian Name	
Parent/Guardian Signature and Date	Date:
Emergency Contact #	
Medication 3	
Name, Address, Phone # of prescribing physician if different from primary physician	
Dosage Instructions	
Medical/Health Monitoring Device	
Potential Side Effects	

Other Information	
Parent/Guardian Name	
Parent/Guardian Signature and Date	Date:
Emergency Contact #	

CHECK-OUT FOR PRESCRIPTION MEDICATIONS, OVER-THE-COUNTER DRUGS, AND HEALTH OR MEDICAL MONITORING DEVICES

NOTE: To be completed by parent/legal guardian on check-in and check-out on days of camp.

COMPLETE ONE OF THE FOLLOWING OPTIONS:

OPTION A

Log of prescription medications, over-the-counter drug, or health or medical monitoring device transactions with a University representative.

I hereby acknowledge receipt and return of any remaining medications:

Date Released	Signature	Date Received	Signature

OR

OPTION B

I grant permission for my Child to be in possession of this prescription medication, over-the-counter drug, or health or medical device:

Name of Parent or Guardian (printed) and Date	
Signature of Parent or Guardian	

RECEIPT LOG (Internal Document)

Dosage	Date/Time	RC

HEALTH AND EMERGENCY INFORMATION FORM

Blood Type: _____

Health/special needs Information (Attach additional sheets as necessary to fully respond to the following questions.)

1. Does your Child have any allergies that we should know about prior to emergency treatment? If yes, please explain.

2. Does your Child have any chronic conditions/illness that we should know about prior to emergency treatment? If yes, please explain.

MEDICAL AUTHORIZATION

The University of South Carolina Upstate is also authorized to provide or to arrange for any medical treatment my Child may need during the course of Sparty's Kids Camp. I understand and agree to be responsible for any and all costs associated with such services.

1. In such an event of illness or injury, I wish to be contacted at the following telephone number(s):

My Child is covered by the following insurance policy.

Insurance Carrier

Policy Holder Name

Policy #

I understand that my Child's medication prescribed by a physician will be kept in my Child's bag and with my Child while he or she is participating in Sparty's Kids Camp. It is my Child's responsibility to notify the staff when the medication should be taken as directed by the physician.

Name of Parent or Guardian (Printed) and Date	
Signature of Parent or Guardian	

2. Does your Child have any disability/special needs (visual, hearing, physical, psychological, unable to climb stairs without assistance) which requires special attention or special accommodation? If yes, please explain.

3. Is there anything about your Child's physical, mental, or emotional health that would be helpful to health care providers in providing his or her medical care? If yes, please explain.

4. Consent for treatment/care:

I hereby authorize for my Child any medical or mental health treatment that may be advised or recommended by the health care providers of USC Upstate. I am aware that the practices of medicine and psychology are not exact sciences, and I understand that no guarantees have been made to me about the results of treatments, examinations, procedures, or analyses.

Name of Parent or Guardian (Printed) and Date	
Signature of Parent or Guardian	

READ, CHECK BOX, AND SIGN

I accept personal responsibility for the payment of charges incurred at the time services are rendered.

_____ I understand that I am responsible for filing outpatient charges with my health insurance carrier.

_____ I authorize any medical treatment for my child that may be advised or recommended by the medical providers.

_____ I have personally supplied the above information and attest that it is true and complete to the best of my knowledge. I understand that the information contained on this form and in these medical records are strictly confidential and will not be released to anymore other than the healthcare provider, without written consent unless required by law. I give my permission to Campus Recreation at USC Upstate to release information from my medical record to a physician, hospital, or other medical professional involved in providing my child with emergency treatment or medical care.

Name of Parent or Guardian (Printed) and Date	
Signature of Parent or Guardian	

TRANSACTION AGREEMENT

I hereby agree to abide by the payment regulations presented to me in the Sparty's Kids Camp Parent email.

If your camper(s) is attending week 1 (June 2-June 6), the full \$140 payment is due by May 23, 2025. Deposits of \$40 for all other weeks of camp are due by May 30, 2025, remember after this date the deposits increase to \$60 for the remaining weeks. These deposits will reserve your space for the weeks that you choose. Fees are due two Fridays prior to the camp start date. \$140 per week in total before May 30 and \$160 per week in total after May 30

1. All camp deposits (\$40/week) are due by May 30th, 2025. After this date, the deposit cost increases to \$60.
2. Remaining camp balance payments (\$100/week) are due **two** Fridays prior to the camp start date.
3. Camp deposits and balances are non-refundable.
4. Camp deposits and balances are non-transferable to other camp weeks.

Name of Parent or Guardian	
(Printed) and Date	
Signature of Parent or Guardian	

Sparty's Kids Camp

Participant Name _____

Date: _____