Register Early!

Register by
May 8th
to be entered
in a drawing to waive
your activity fee!

June 2020

Monday Nornina: Devotional, Playtime.	Tuesday Morning: Devotional	Wednesday 3		Friday Friday
Morning: Devotional, Playtime, Martial Arts, Reading Time Afternoon: Paint on Canvas	Morning: Devotional, Playtime, Reading Time Affernoon: Bamberg Rec Club	Bee City @ 8:30	Morning: Devotional, Playtime, Reading Time Afternoon: Bamberg Rec Club	Morning: Devotional, Playtime, Reading Time Afternoon: Ocean Quest Study & Crafts
8	9	10	11	
Morning: Devotional, Playtime, Reading Time, JB Martial Arts Afternoon: Wacky Science Day	Mary Jane's Dance Camp Affernoon: Bamberg Rec Club	Mary Jane's Dance Camp	Mary Jane's Dance Camp Afternoon: Bamberg Rec Club	Mary Jane's Dance Camp Affernoon: Flag Day Activities
15	16	17	18	
Morning: Devotional, Playtime, Reading Time, Martial Arts Afternoon: Father's Day Crafts	Morning: Devotional, Playtime, Math Skills Afternoon: Bamberg Rec Club	Morning: Devotional, Playtime, Reading Time 11:30 Field Trip to Edventure	Morning: Devotional, Playtime, Reading Time Afternoon: Bamberg Rec Club	Morning: Devotional, Playtime, Reading Time Afternoon: Father's Day Crafts
22	23	24	25	
Morning: VBS Afternoon: Ocean Quest Study and Crafts	Morning: VBS Affernoon: Bamberg Rec Club	Morning: VBS Old Fashioned Covered Dish Lunch	Morning: VBS Affernoon: Bamberg Rec Club	Morning: VBS Affernoon: Reading Time Center Play
29	30			
Morning: Devotional, Playtime, Reading Time, Martial Arts Afternoon: July 4 th Fun	Morning: Devotional, Playtime, Reading Time, Afternoon: Bamberg County Library, Pizza Hut, Bamberg Rec Club			

July 2020

Morning: Devotional, Playtime, Reading Time Afternoon: Giving Back Afternoon: Bamberg Rec Club	27	Morning: Devotional, Reading Time, Martial Arts Afternoon: Giving Back Afternoon: Bamberg Rec Club	Morning: Devotional, Reading Time, Martial Arts Afternoon: Bamberg Rec Club 8:00 Barrier Island Tour Expected Return 5:00	Morning: Devotional, Reading Time, Playtime, Martial Arts Afternoon: Summer Crafts Afternoon: Summer Crafts Afternoon: Bamberg Rec Club	
Playtime, 10:00 Field Trip: Bowling & Lunch @ J.C. Bowl Rec Club	m28 29	Reading Riverbanks Zoo @ 8:30 Rec Club Riverbank Splash Pad	Morning: Devotional, Playtime, Reading Time Afternoon: Barrier Island Discussion	Reading Morning: Devotional, Playtime, Math Skills Rec Club Afternoon: Popcorn & Movie, Scavenger Hunt	Morning: Devotional, Playtime, Math Skills Afternoon: 11:45 Field Trip to Adrenaline
Morning: Devotional, Playtime, Reading Time Afternoon: Bamberg Rec Club	06	23 Morning: Devotional, Playtime, Reading Time Afternoon: Bamberg Rec Club	Morning: Devotional, Playtime, Reading Time Afternoon: Bamberg Rec Club	Morning: Devotional, Playtime, Reading Time Afternoon: Bamberg Rec Club	Morning: Devotional, July 4 th Activities Afternoon: Bamberg Rec Club
Finale	31	24 Morning: Devotional, Playtime, Reading Time Afternoon: Game day	Morning: Devotional, Playtime, Reading Time Afternoon: Scavenger Hunt	Morning: Devotional, Playtime, Reading Time Afternoon: Ocean Quest, Study & Crafts	CLOSED 3

March 6, 2020

Dear Mom and Dad:

We thank you for your interest in OPS Summer Camp for your child! We believe that summer months should be about children having tons of fun, while continuing to learn. We feel that all of our children will enjoy and benefit from our activities this summer!

The all inclusive fees for your child's summer care and activities will be as follows: Weekly fee will be \$127 with a prepaid activity fee of \$200.00. The activity fee will be due at time of registration.

We would like to offer a few suggestions for your children for our outings, in order to ensure that everyone is healthy and happy:

On swim days, please send a pool bag with your child's towel and a strong SPF sunscreen. We will assist with application of sunscreen often. WE URGE YOU TO INVEST IN A PAIR OF POOL SHOES! This will prevent your child from getting pool toe, which is painful. If your child would like to wear his/her swimsuit under his/her clothing on pool days, this is fine also!

All expenses for your child's activities have been included in your activity fee and your tuition. No extra money will be needed, however, if your son or daughter would like to purchase extra snacks or items from a gift shop on outings, you may wish to send a small amount of money.

Bamberg Recreation Club does have a small canteen where chips, ice cream, popsicles, etc. are sold. We do provide snacks at the pool, however, children LOVE to wait in line to purchase from the canteen! If your child would like to purchase a snack, you may want to send a small amount of money. Usually \$2.00 is plenty.

A T-Shirt will be provided for each child enrolled in summer camp. We would like for your child to wear this shirt on Field Trip Days.

If your child will be arriving late, please check your calendar carefully for departure times for all trips, or call the office to verify those times. We would hate to leave anyone behind, but will not be able to delay the bus to wait for a child.

Please note that the week of July 13th, we have altered our normal schedule for swimming and the Barrier Island Tour.

Thank you for your assistance in making this a fun filled summer for all of our children!

June D. Kemp Director, OPS-CDC

Orangeburg Preparatory School Child Development Center

168 Prep Street
Orangeburg, South Carolina 29118
(803)536-0490

June D. Kemp, Director

My child,has permission to travel to and participate in the following activities with Orangeburg Preparatory Schools-CDC. My child will be supervised by a qualified staff member at all times, on each of these outings. There will be no alternate care for children who do not attend an outing.
I understand that appropriate behavior will be expected at all times. Should my child,
Dates of the Summer Program will be: June 1, 2020-July 31,2020
Bamberg County Library Bamberg Recreation Club Bamberg Pizza Hut Bee City Adrenalin EdVenture Riverbanks Zoo JC Bowl Barrier Island Eco-Tours
I also understand that by enrolling my child,, in OPS-CDC Summer Camp, I am financially obligating myself for the cost of the entire 8 week camp.
Signature of Parent or Guardian:Date:

Please register your child for

Vacation Bible School

after May 1st, 2020 by going to:

trinityorangeburg.com

BAMBERG RECREATION CLUB, INC.

152 Blocker Street, Bamberg, SC 29003 • 803-245-0036 e-mail: <u>brc4504@gmail.com</u>

2020 BRC, INC. POOL MEMBERSHIP APPLICATION

ORANGEBURG PREP APPLICATION

Please complete all sections of the membership form

NAME:		_
	· ,	-
HOME TELEPHONE#	CELL #:	-
		-
Emergency Contact(s) & Teleph		
1.	Phone:	_
	Phone:	
and that the BRC, Inc. reserves the harmless against any and all dama classes, or programs and during tra	ration Club, Inc. and its employees are not responsible for any sickness or injury the tBRC, Inc. pool, classes, or programs during transport to and from BRC, Inc pool, a right to reject any and all applicants. Applicant(s) agree to hold the BRC, Inc. and ages due to sickness or injury occurring while the applicant(s) are in attendance a ansport to/from said pool, classes or programs. Also, I give permission for photo normal operating hours, classes, programs, or activities to be used in BRC, Inc. programs.	classes and programs and its employees at BRC, Inc. pool,
Signature:	Date:	
All payn	ments must be made by check, money order, or certified check	
miled to no more than 3 visits i	er child (\$50.00 per sibling) (Admission to the pool will only be with the per week (Monday – Friday)	
Office Use Only		
ayment Date:	_Amount \$ Check # Membership #	
otes:		The second secon

Child's name:

Shirt size:

Youth

XS(2-4)

S(6-8)

M(10-12)

L(14-16)

Adult

S

M

L

XL

Student Medical/Emergency Imformation

Student's Name:	CAN BOOK Maryer And State State Control of the Cont	DOB
Mother's Name:		
		Cell:
Father's Name:		
		Cell:
Emergency Contac	t other than p	
		Cell:
surance Name:		
Policy:		*

GAMECOCK GAMERS, LLC-ADRENALING ENTERTAINMENT CENTER PARTICIPANT AGREEMENT WAIVER, RELEASE AND ASSUMPTION OF RISK

PARTICIPATION IN TRAMPOLINE COURT AND FACILITY ACTIVITIES ENTAILS KNOWN, ANTICIPATED AND UNANTICIPATED RISKS THAT COULD RESULT IN PHYSICAL AND/OR EMOTIONAL INJURY, PARALYSIS, DEATH OR DAMAGE TO YOUR SELF AND/OR TO OTHERS. RISKS MAY INCLUDE, BUT ARR NOT LIMITED TO, SLIPPING AND FALLING, LANDING IMPROPERLY, COLLISIONS WITH FIXED OBJECTS, MOVING OBJECTS AND/OR OTHER PEOPLE WHICH MAY RESULT IN SPRAINS, FRACTURES, BREAKS, SCRAPES, DRUISES, DISLOCATIONS AND INJURIES TO HEAD, BACK AND NECK.

By providing my initials above, I acknowledge my understanding and agreement to the foregoing terms

In consideration of the services provided by GAMECOCK GAMERS, LLC, an SOUTH CAROLINA limited liability company, who is the owner and operator of ADRENALINE ENTERTAINMENT CENTER(the "Facility") and my desire to spectate and/or participate in the activities and services provided by GAMECOCK GAMERS, LLC at the Facility today and in the future (GAMECOCK GAMERS, LLC and its individual members, managers, directors, officers, agents, employers, volunteers, representatives, servonts, predocessors, successors, assigns, effliated entitles, heirs, personal representatives and all other persons, firms, or entitles claiming by or through them are hereitaglier known as "Facility Owner"):

[Initial name]. on

agree to use the FACILITY in a safe and responsible manner;

Initials

(b) agree to abide by the Facility rules and instructions and the directions of Facility employees and representatives, whereby I acknowledge that (i) those rules, instructions and directions are intended to promote the safety of both myself and others; (ii) my failure or refusal to abide by those rules, instructions and directions can lead to the immediate revocation of my right to use the Facility and the facilities, without any right to refund of any parments made; and (iii) in the event of sickness, action to righuy, (a) will immediately report my injury to the Facility's staff and under no circumstances will I leave the Facility without doing so, (b) I will cause all participation in Facility activities at that time of sickness, accident or injury, (c) I authorize the Facility employees and representatives to obtain and secure, on my behalf, emergency medical treatment and transportation, when deemed appropriate by the Facility employees and representatives, and (d) I agree to assume, at my expense, all costs of emergency medical care and transportation.

Initials

• (c) agree to fully and forever waive, release and discharge Facility Owner from any and all chims, actions, causes of action, demands, judgments, damages (including compensatory, general, special, consequential, exemplary and punitive), liability or obligations of any nature or kind, whether known at the time I leave the Facility or which may artie or become known later, which accure on account of, or in any way arise out of or in connection white; (a) my activities within the Facility, (b) the activities within the Facility by others; (c) the operation of the Facility by Facility Owner regardless of whether such claims are founded in whole or in part upon alleged aegligence, or the actual negligence of Facility Owner, (a) my use of any and all of the facilities; and (c) my use of any and all of the facil

Initials

(d) agree to indemnify and hold Facility Owner harmless from and against any and all losses, liabilities, claims, obligations, costs, damages, and/or expenses whatsoever, including, but not limited to, any and all attorneys' fees, costs, damages and/or judgments directly or indirectly arising out of, or relating to my acts or omissions while participating in any activities at the Facility:

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(e) agree to accept and assume all of the risks which accompany the Facility's activities and represent that my participation in the activities is purely voluntary and I elect to participate in the activities notwithstanding the risks;

(f) fully understand that participating in the activities within the Facility involves physical exertion; and accordingly represent that 1 (f) am in sufficient good health to participate in activities within the Facility; (ii) 1 do not have any pre-existing physical or medical condition, including without limitation pregnancy, orthopedic problems, including back problems; heart problems; and/or breathing problems; that might be impacted or worsened by my use of the Facility; and (iii) will not use the Facility and while under the use of any drugs, alcohol or medications that may impair my physical abilities or judgment;

(g) agree to (i) watch the Facility's safety video before participating in any activity, (ii) attempt only activities that I feel I am capable of performing safety, and (iii) stay in areas that will not place me in danger,

Initials

Initials

(h) certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the activities within the Facility, or if not, I agree to bear the costs of such injury or damage to myself and others; and,

(i) authorize Facility Owner, and its successors to capture my image, likeness and sounds in photographs, videotapes, recordings or other forms of media ("images"). I acknowledge that Facility Owner will own such images and I grant permission, without compensation, for Facility Owner, or any affiliated party of the Adrenaline Entertainment Center brand, to copyright, display, publish, distribute, use, modify and print such I mages in any lawful manner, including without limitation, in publications, advertisements, brochures, web sites, social media and other electronic displays and transmissions thereof. The foregoing authorization shall not include using my name with any limage, unless I agree otherwise in writing.

Initials

By providing my initials above, I acknowledge my understanding and agreement to the foregoing terms

I agree that any legal proceeding shall be filed solely in the County of RICHLAND and I further agree that the substantive law of SOUTH CAROLINA shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against FACILITY Owner on the basis of any claim from which I have refeased them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I understand end agree that: (i) that this Waiver, Release and Assumption of Risk gives up important legal rights; (ii) I am giving up these important legal rights voluntarily, freely, under no threat of duress, without inducement, promise or guarantee being communicated to me; and (iii) the signature below is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

2



Dated:	20		,	
PARTICIPANT: I represent that I am Eigh	iteen (18) years of age or o	older		
(Signature)		æ		
(Print Name - Picture I.D. regulred)				
If the Participant is not 18 years of age or of Participant is allowed to use the FACILITY a	der, then the following Par nd its facilities.	ent or Guardian Conse	nt must be read and sig	gned before the
PAR	ENT OR GUARD	AN CONSENT		
I have read and understand the terms of unconditionally agree to its full terms, statem and marital community, if any, and my child of	ents, warranties, notices, re	SE AND ASSUMPT presentations, waivers	ION OF RISK AGR and releases on behalf	EEMENT and of both myself
(Print Your Child's or Ward's Name)	(Child or Ward's L).O.B)		
All such terms, statements, warranties, notice participant. I understand that, by signing this ward regarding potential rights and claims ag- have read and understood it, and I agree to be	Consent, I am giving up im ainst FACILITY Owner, I I	portant legal rights bot	h on behalf of myself:	and my child or
I hereby warrant and represent that if I am no to execute this Waiver, Release and Assumpti that I do not have the authority to execute the claims, actions, penalties, causes of action, see	on of Risk Agreement by, is agreement on behalf of	and on behalf of, the Cl another, I agree that I	hild's Parent or Guardi	an. In the event
Dated:	20		5)	
PARTICIPANT/GUARDIAN:				
(Signature)				
(Print Name - Picture I.D. required)				
Relationship to Child or Ward:	<u> </u>			
Parent/Guardian Telephone Number:				
Parent/Guardian Address:				
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