

**District Five of Lexington & Richland Counties
CAMP REQUEST FORM**



ORGANIZATION INFORMATION:

Name of Group/Organization: _____
Address: _____
City: _____ State: _____ Zip code: _____
Contact Person: _____
Phone: _____ Cell: _____
Email: _____ 501(c)(3) Number: _____

CAMP INFORMATION:

Event Name: _____
Target Audience: _____
Number of Participants: _____ Number of Camp Staff: #: _____ Date/Time: _____
Name of On-Site Event Supervisor: _____ Cell #: _____
Desired Outcome: _____

CAMP LOCATION: _____

ASSURANCES:

EMPLOYEE / VOLUNTEER BACKGROUND CHECKS:

_____ All individuals who are employed or will volunteer at the camp have a clear background investigation.
_____ At no time will an adult be left unsupervised with a child / teen who is attending the camp.

LIABILITY INSURANCE:

_____ Liability Insurance has been acquired for this event. (attach proof of liability insurance)

FACILITIES USE AGREEMENT:

_____ A signed facilities use agreement has been processed for this camp. (attach the Facilities Use Agreement)

FINANCIAL MANAGEMENT:

_____ is the fiscal agent for this camp.

Compensation for any District Employee will be processed through the District Five Office of Finance & Operations.

Requestors Signature: I certify that the information above is true. _____ **Date:** _____

School Principal Approval: YES / NO **Signature:** _____ **Date:** _____

Office of Instruction Approval: YES / NO **Signature:** _____ **Date:** _____

Office of Finance & Operations Approval: YES / NO **Signature:** _____ **Date:** _____

Office of Planning & Administration Approval: YES / NO **Signature:** _____ **Date:** _____

Office of Communications: Add to camp Master List / maintain on file. **Date:** _____



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NOTES

- The safety of all camp participants must be the top priority for any camp.
 - Facilities and equipment must be inspected to ensure they are safe for all camp participants.
 - All employees and volunteers at the camp must have a clear background investigation. No adult will be left unsupervised with a child / teen who attend any camp.

- Camp Director(s) must be familiar with the Standard Response Protocol (Emergency Procedures) for School District Five of Lexington & Richland Counties. Directors will also have the responsibility of ensuring that all camp staff and volunteers have knowledge of the Standard Response Protocol.

- Camp Director(s) will further ensure that each staff member and volunteer is informed of his/her duties and responsibilities in the case of an emergency.

- Emergency phone numbers will be provided by the District's Safety Office to all Camp Directors.

- Flammable liquids and hazardous substances during summer camps are strictly prohibited on District property.

- Signatures and submission of the School District Five Camp Request Form signifies adherence to the responsibilities and expectations appertaining to all summer camp programs.

- Camps must reflect activities or programs that would interest students or be for their wellbeing. Camps with little or no value to students will not be approved.

- The Camp Request Form must be received at the District Office 30 days in advance of the proposed camp.

- The Facilities Use Agreement must be approved. All normal fees for facilities use apply to camps.

- At no time will a District employee accept payment for services outside the normal District payroll system.