



Happy Trails' Families,

Happy New Year! Charleston's Happy Trails is a haven for our young to be themselves, discover nature and find beauty and joy in the simplest of things: laughter, gentle breezes, a simple soccer game, catching frogs and nature walks.

Attached are the dates. Feel free to forward these forms to family and friends. We are grateful to embrace 2026 as we anticipate unseen possibilities and opportunities. Blessings in this New Year!

Can't wait to see you!

Jaime Carr and Alexis Stroble
Camp Directors

Physical Address: 3281 Partnership Lane, Johns Island, SC 29455
Mailing Address: 2770 Bohicket Rd. Johns Island, SC 29455

843.276.3373

www.chtrails.com

charlestonshappytrails@hotmail.com



Times: 9:00am - 3:00pm

****FOR HAPPY NIGHTS, PARENTS WILL APPROVE TENT SHARING FOR CAMPERS 13 YRS AND OLDER, WHEN NO COUNSELOR IS ASSIGNED****

SESSION	DATES	RATES (Must be paid in FULL by February 1 to receive early registration)	RATES (After February 1)
Day Camp 1	May 25-29	\$400	\$425
HAPPY NIGHTS CAMP 2 <i>(For Returning Campers Ages 7 and above, limited spaces)</i>	June 1-5	\$775	\$800
HAPPY NIGHTS CAMP 3 <i>(For Returning Campers Ages 7 and above, limited spaces)</i>	June 8-12	\$775	\$800
Day Camp 4	June 15-19	\$400	\$425
Day Camp 5	June 22-26	\$400	\$425
Day Camp 6	June 29- July 3	\$400	\$425

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PAYMENT INFORMATION

- In order to reserve your spot, a 50% non-refundable deposit must be made.
- Deposit goes towards full payment. In order to receive Early Registration, full payment must be made by February 1, 2026.
- Deposit is per camper, per week
- **ALL TUITION IS DUE BY APRIL 1, 2026.**
- If you register after April 1, full tuition is required.

PAYMENT METHOD

- Cash, checks, or money orders made payable to "**Charleston's Happy Trails**"
- PLEASE MAIL PAYMENT TO:
Alexis Stroble
2770 Bohicket Rd
Johns Island, SC 29455

REGISTRATION

- Due to demand, we are no longer able to hold a place for your child without a deposit.
- Applications are processed in the order in which they are received.
- The deposit fee secures your child's place in camp.
- We will notify accepted campers with an email confirmation.

REFUND POLICY

- Any cancellations with a written notice by May 1 will receive a refund of the balance, not including the non-refundable deposit.
- Campers who are dismissed because of rule violation or who withdraw after camp begins will not receive a refund.

AGES

- Happy Days is designed for children ages 5 and up.
- Happy Nights is designed for returning campers from the previous year, ages 7 and up.
- All children over the age of 12 must be a returning camper or have special permission from the directors.

WHAT TO BRING

- ❖ Day Camp (See forms that follow)
- ❖ Happy Nights (See forms that follow)

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- Remember there are ants at Happy Trails and expect to get a bite or two.



REGISTRATION FORM

LAST NAME _____ FIRST NAME _____ M.I. _____

BIRTH DATE _____ AGE _____ EMAIL _____

ADDRESS _____

PHONE #S (HM) _____

(MOM'S CELL) _____ (DAD'S CELL) _____

(MOM'S WK) _____ (DAD'S WK) _____

PARENT/GUARDIAN'S NAME _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

EMERGENCY CONTACT INFORMATION

1. NAME AND # _____

2. NAME AND # _____

PREFERRED HOSPITAL 1. _____ 2. _____

The directors are hereby authorized, on medical advice, to proceed with any indicated medical treatment or surgery after an earnest attempt to contact parents or guardians.

APPROVED: _____

(Parent/Guardian)

HEALTH AND ACCIDENT INSURANCE COMPANY AND POLICY NUMBER

DOES THE APPLICANT HAVE ANY KNOWN ALLERGIES OR PHYSICAL CONDITIONS? YES NO

LIST ANY PHYSICAL CONDITIONS OR ALLERGIES _____

I GIVE MY CHILD PERMISSION TO CLIMB TREES and CLIMBING WALL / RIDE ZIP LINE YES NO

PRINT NAME _____ SIGNATURE _____ DATE _____

****IF YOUR CHILD IS NOT FEELING WELL, PLEASE ALLOW THEM TO STAY AT HOME.**

CONTRACT

I. Authority to Enroll/Financial Responsibility/Right to Expel

1. The undersigned represents that I/we are the parent (s) or legal guardian (s) of (Camper's Name) _____ and have authority to enroll him/her in the camp program under the terms of this agreement. **(Both mother and father must sign this contract unless legally separated or divorced and the signing parent has custody).** I have read and am in agreement of this application, and agree to pay all fees specified therein by the dates indicated.
2. I understand that the non-refundable deposit will not be refunded after due date. I understand and recognize that the right of the camp to expel (without refund) any camper who a) willfully engages in any activity which jeopardizes his or her own safety or the safety of others b) negative influence on others in the camp community or c) I understand that use or possession of alcohol, tobacco, or non-prescribed drugs in not tolerated and will result in immediate expulsion. I/we have taken the time to explain these responsibilities and the consequences to my/our child.
3. **I grant permission to use any photographs or video which includes my child in camp's promotional materials.**

II. Participant Agreement and Acknowledgement of Risk

In consideration of the service of Charleston's Happy Trails Summer Camp and Outdoor FUN LLC, it's owners, volunteers, employees acting in any capacity on their behalf (wherein collectively referred to as the "camp"), I hereby agree to release and discharge the camp on behalf of myself, my children, personal representative and estate follows:

1. I acknowledge that many camp activities involve physical exercise, and entail known risks which in rare instances could result in serious physical or emotional injury, paralysis or death. I understand that such risk simply cannot be eliminated without jeopardizing the essential qualities of the program. These activities include, but are not limited to swimming, canoeing, and horseback riding. Furthermore, directors and counselors have a difficult job to perform. They seek safety, but are not infallible.
2. To the extent allowed by law, we the undersigned waive, release, forever discharge and agree to indemnify and hold harmless the camp from all rights and claims for damages, injury or loss to person or property which may be sustained or occur while at camp, or in any activity which is in any way connected to camp, or any use of its equipment or facilities, including such claims which allege negligent acts or omissions by the camp.
3. Should the camp or anyone acting on behalf of the camp be required to incur attorney's fees and costs to enforce this agreement, the undersigned agree to indemnify and hold them harmless the camp from any and all claims brought by, or on the behalf of, the applicant, and which are in any way connected with such use or participation by the applicant.
4. I certify that I have adequate insurance to cover any injury or damage the applicant may cause or suffer while participating, or else agree to bear the costs of such injury or damage myself.
5. By signing this document, I acknowledge that if anyone is hurt or property is damaged during the applicant's participation at camp, I may be found by a court of law to have waived my right to maintain a lawsuit against the camp on the basis of any claim from which I have released them herein.
6. I have had sufficient opportunity to read this entire document. I have read and understood it and agree to be bound by its terms.

Both Parents Sign

FATHER OF APPLICANT _____ DATE _____

MOTHER OF APPLICANT _____ DATE _____

Check and initial if applicable...if both signatures are not required, please indicate the reason:
The person whose signature appears above has SOLE custody due to

____ Legal separation or divorce ____ One parent is living ____ Other

Charleston's Happy Trails
Medication Form
(Return with Registration Forms)

Last Name: _____ First Name: _____

All medication will be administered by the Directors at the time indicated

Name of Medication(s):

1. _____
2. _____
3. _____

Check all that apply for medication(s):

- | | |
|--|--|
| <input type="checkbox"/> Prescription medication | <input type="checkbox"/> Over the counter medication or vitamins |
| <input type="checkbox"/> Taken on a routine basis | <input type="checkbox"/> Taken on an as needed basis |
| <input type="checkbox"/> Prescribed for chronic illness or condition | |
| <input type="checkbox"/> EpiPen held on person | <input type="checkbox"/> Inhaler held on person |
| <input type="checkbox"/> EpiPen held by counselor | <input type="checkbox"/> Inhaler held by counselor |

Complete below as per original container's label:

Dosage: _____

Frequency: _____

Expiration Date: _____

Purpose (Continue on back if needed): _____

Comments: _____

Print Name: _____ Sign Name: _____

Date: _____



T-Shirt Order Form



Name: _____

Youth Sizes / Color *Please indicate quantity of each size/color:*



S Blue _____

M Blue _____

L Blue _____

S Forest _____

M Forest _____

L Forest _____

Adult Sizes / Color *Please indicate quantity of each size/color:*



S Navy _____

M Navy _____

L Navy _____

S Sage _____

M Sage _____

L Sage _____

Size (in)	YS (6-8)	YM (10-12)	YL (14-16)	AS	AM	AL
Chest	15 1/4	16 1/4	17 1/4	18	20	22
Length	20 7/8	22 1/8	23 3/8	28	29	30

Total Number of Shirts x \$25 each= \$ _____

Day Camp Checklist

(Please label all items)

***Please have children wear play attire (Ex: OLD SHOES, OLD SHIRT AND SHORTS). Some children like to wear long cool pants to protect legs from nature. Be prepared to throw their clothes away once the week is over....we can get dirty!!!!!!

___t-shirt to paint on for a craft (any color)

___a change of clean clothes to ride home in

___hat

___bathing suit

___towel

___goggles

___swim vest for canoe rides and pool for those who need it to swim (We have some life jackets, but most children feel more comfortable in their own. Also, we do a swim test for all new campers. If we feel they are not strong enough swimmers, they will be required to wear their swim vest in the pool for safety!)

___swim shoes (the bottom of our pool is concrete and tender toes sometimes get blisters)

___**sunscreen (To be labeled and kept at camp for the week)**

___**bug spray with DEET (To be labeled and kept at camp for the week. DEET is recommended due to the increase of chiggers.)**

___SUGGESTED SHOES (socks help prevent some ant bites!!):

- comfortable socks and shoes for walks and tree climbing
- crocs or Keen like shoes and socks
- rain boots and socks

___**WATER BOTTLE (We have regular city water in coolers for them to refill)**

___**DON'T FORGET LUNCH and their favorite snacks!!!!**

- Place an ice pack in their lunch boxes or bring a cooler. We have a wine cooler (not chilled) for storing their lunches. Please make sure your child has enough food to refuel during the day.

___Any Epi pens should be given to the Directors on Monday morning and then returned on Friday afternoon.

___*Please label all car seats*

We emphasize reapplying sunblock and rehydrating throughout the day. PLEASE PROVIDE THEIR OWN SUNBLOCK and BUG SPRAY. We have a cooler for them to refill their water bottles; it is tap water with ice. Also, you may label your items and leave things at camp for the week (like towels, walking shoes, boots, swim vests).

Happy Nights Checklist

(Please label all items)

- ___ 1 pillow with pillowcase
- ___ 1 sleeping bag
- ___ 1 sleeping pad or yoga mat for under sleeping bag
- ___ 1 pair of pajamas
- ___ 8 t-shirts
- ___ 6 shorts
- ___ 8 pair of underwear
- ___ 8 pairs of socks
- ___ 2 long pants
- ___ 1 sweatshirt or jacket (Just in case!)
- ___ 1 pair of sports shoes
- ___ 1 pair of rain boots
- ___ 1 pair of flip flops
- ___ 3 swimsuits / goggles / swim apparatus if needed
- ___ 1 raincoat
- ___ 3 towels for bathing and swimming
- ___ 1 washcloth or loofah
- ___ 1 bar soap or body wash
- ___ 1 net laundry bag
- ___ 1 battery operated fan
- ___ 1 flashlight

___ 1 water bottle

___ 1 toothbrush/ toothbrush holder/toothpaste

___ 1 hair brush

___ 1 bottle shampoo / conditioner

___ any other necessary toiletries

___ 1 sunscreen

___ 1 bug repellent with DEET (chiggers were bad last year!)

___ 1 hat

___ journal/ pens or pencils (During the day kids reflect in their journal/ draw what they see in nature)

___ one stamped, home-addressed envelope or postcard (Fun, but optional)

___ personal snacks

WHAT NOT TO BRING

Electronics

Toys

***Please label all of your child's items**

*Please fit all items into 1 suitcase and 1 backpack

*Please feel free to contact Alexis or Jaime if you would like to touch base



MAILING INFORMATION

PLEASE MAKE CHECKS PAYABLE TO:

Charleston's Happy Trails

PLEASE MAIL FORMS TO:

***Alexis Stroble
2770 Bohicket Rd.
Johns Island, SC 29455***

- You will receive an email confirmation once your forms and payment have been received.
- Your 50% deposit or full payment will reserve your spot as long as there is space available.