



# Simpsonville Police Department

*Michael D. Hanshaw*

*Chief of Police*



## Simpsonville Police Department Youth Summer Camp Registration Form

<b>Date Submitted:</b>		<b>Registration Number:</b>	<b>Official Use Only</b>
<b>Youth Name:</b>	<b>Age:</b>	<b>Date of Birth:</b>	<b>Sex: M F</b>
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Parent/Guardian Name:</b>			
<b>Contact Information:</b>			
<b>Phone:</b>		<b>Emergency Phone:</b>	
<b>School Attended:</b>			

The Youth Should be at the Police Department at 07:45 am and picked up by 3:45 pm each Day.

The youth could be excluded for inappropriate behavior and or incidents and conduct unbecoming of a youth officer. All campers must sign the Expectations and Behavior Contract included with this registration form. The Release of Liability and Medical Form must be completed and signed to be considered for this camp. Any form not signed will constitute the youth being removed from consideration for the camp. Campers chosen to participate in the camp will be notified by Youth Camp staff.

2 camp T-shirts will be provided, please circle the appropriate shirt size for your camper.

**Shirt Size: Youth: S M L Adult: S M L XL**



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### RELEASE OF ALL LIABILITY

I agree and consent to my child's (children's) participation in the programs of the City of Simpsonville and the Simpsonville Police Department (hereinafter collectively referred to as "Simpsonville"). I understand that there is the possibility that my child (children) could be injured as a result of participation in these programs. Nevertheless, I agree that I, my child (children), my assignees, heirs, spouses, guardians and legal representatives will not make a claim against, sue, or attach the property of Simpsonville, its council members, officers, members, agents or employees, and any other persons, agencies, firms or corporations affiliated with the Simpsonville. I do hereby fully and completely release the Simpsonville from any and all actions, claims or demands that I, my child (children), assignees, heirs, spouses, guardians, and legal representatives now have or may hereafter have from any liability, whether currently known or unknown, including, but not limited to loss of life, personal injury and/or damage to property, resulting from, arising out of, or in any way connected with my or my child's (children's) participation. This release of liability and assumption of risk, in addition to covering any past occurrences, is intended to release and discharge in advance Simpsonville, its council members, officers, members, agents or employees, and their successors and assigns from and against any and all liability arising out of or connected in any way with my or my child's (children's) participation in said programs even though that liability may arise out of negligence or carelessness on the part of the Simpsonville.

**I hereby certify that I have read and understand this Release of All Liability and that I have received a copy.**

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

I ( ) Agree ( ) Disagree to allow permission for the Police Department/ Camp Counselors to photograph my youth during camp participation and use those images on social media and in print media for positive Community information dissemination.

**Signed:**

**Dated:**



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**Medical Information:**

**Please Provide Any and All Medical Conditions or Health Problems for your Youth:**

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**Please Provide All or Any Medical Exemptions ( i.e. Allergies, Blood Transfusions, Seizures) for your Youth:**

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**Please Provide Any and All Medications Prescribed or dispensed to your Youth:**

**Type / Amount Given / Time Give:**

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**Primary Care Physician Name:** \_\_\_\_\_

**Primary Care Physician Phone Number:** \_\_\_\_\_

**Family Health care Insurance Carrier:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Limited Power of Attorney:**

If a Serious emergency arises, it may be necessary for a physician to attend your son/daughter before the camp staff could get in touch with you or your designated physician. Such care can be provided only if you sign the following **AUTHORIZATION FOR MEDICAL TREATMENT**.

I Hereby give the Camp Counselor or Staff designee the limited power of Attorney to act in my absence and see that my son/daughter \_\_\_\_\_ gets whatever medical treatment that is necessary in case of sickness or accidental injury.

Dated: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

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## Youth Summer Camp Expectations and Behavior Contract

Date Signed: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

**This Behavior and Expectations contract is between the listed youth his/her parents, or Guardians, and the Leadership of the Simpsonville Police Department Youth Summer Camp. By signing this contract my son/daughter agrees to the conditions and expectations set forth for participation in this year's summer camp. The expectations and conditions are as follows:**

- 1) *The camper must participate in all activities both physical and academic as outlined in the camp curriculum.*
- 2) *I will listen to camp instructors and counselors and follow directions promptly.*
- 3) *I will afford the proper respect and language when addressing all adults, counselors and others associated with the camping experience.*
- 4) *I will display proper behavior and not disrupt any classroom, practical or other field exercise activities while participating in this camp.*
- 5) *I understand that due to my behavior I may be removed from further participation and a request for a parent to respond to my current location to take custody of myself at any time required.*
- 6) *I am advised and aware that behaviors unbecoming or chronic in nature will also cause a removal and termination of opportunity to continue my camping experience.*

**The below Signed Camper and parent understand a violation of the expectations and or behavior issues will cause suspension of Camping opportunity and removal at time of noted behavior of violations.**

\_\_\_\_\_  
Youth Camper

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Camp Counselor / Representative