

Please complete online, then print or save before faxing/emailing to Deputy Greg Holcomb.
Email: gholcomb@carrollsheriff.com | Fax: (770)830-5309

Carroll County Sheriff's Office

SUMMER CAMP AGES 7-12

ALL ITEMS ON THIS FORM MUST BE FILLED OUT

Please Print Clearly! Each participant must have their own form.

Child's Name: _____ Sex: _____ Age: _____

Mailing Address: _____ Birth Date: __/__/_____

City/Zip: _____ Home Phone: _____ Cell _____

Child's School: _____ Grade: _____

Parent/Guardians Name: _____ Relationship to Child: _____

Work Phone: _____ Cell Phone: _____

Email address for camp news; _____

Emergency Contact Other Than Parents

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Problem's or Allergies

Child's Physician/Clinic: _____ Phone: ____-____-_____

Any Special Needs? _____

→ T-Shirt Size: __YS __YM __YL __AS __AM __AL __AXL __AXXL

→ **Can Child Swim? __Yes __No**

Choose One Session to Attend: Please Circle Session One or Session Two

Session One: Monday and Tuesday July 16 & 17 8:00 am – 4:30 pm

Session Two: Wednesday and Thursday July 18 & 19 8:00 am – 4:30 pm

*Both Sessions will attend on Friday July 20TH for the final day. Final Day starts at 8:00 am, Cookout at 5:30 pm, and Awards begin at 6:30 pm.

Details for the camp will be given out after sign up