

Carroll County Sheriff's Office

SUMMER CAMP AGES 7 TO 12

PLEASE PRINT CLEARLY AND FILL IN ALL BLANKS

EACH CHILD MUST HAVE THEIR OWN FORM

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

Mailing Address: _____ Date of Birth: _____

City and Zip: _____ Contact phone #: _____

Child's School: _____ Grade next year: _____

Parent / Guardians name: _____ Relation 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 Your Child Swim? Yes__ No __ (If anything but yes is checked they will not be allowed into deep end)

CHOOSE ONE SESSION FOR YOUR CHILD TO ATTEND BY CIRCLING THE APPROPRIATE SESSION

Session One: July 15, 16 and 19 OR Session Two: July 17, 18 and 19

Camp will be from 8:00 A.M until 4:30 P.M. each day expect Friday when all kids from both sessions will attend and it starts at 8 A.M. with Family Cookout at 5:30 P.M. and Awards at 6:30 P.M.

FILL THIS FORM OUT COMPLETELY AND FAX OR EMAIL TO INV. GREG HOLCOMB AT

gholcomb@carrollsheriff.com or (770) 830-5309