

The Worthy Boys and Girls Camp 2019 Camper Application

- ◆ The Worthy Boys and Girls Camp is an overnight recreational camp that is operated by the Rock Hill Police Department for children of York County ages 9-12.
- ◆ This camp is free to attend.
- ◆ If you are interested in allowing your children to participate, please complete this entire form. Scheduling is done on a first come first serve basis.
- ◆ You will receive a letter in the mail to advise the week your child will be attending and what items they will need to bring for their stay.
- ◆ Please make sure that this form includes your correct mailing address. Incomplete forms will not be processed. The week will entail swimming, archery, first aid, fishing and much more fun. The campers will spend a majority of the time outside and engaged in activities. No electronics allowed to include cell phones!!

2019 Camp Schedule (CIRCLE YOUR CHILD'S CAMP WEEK)

(BOYS)

Week 1: June 17th - 21st

Week 2: July 8th - 12th

Week 3: July 22nd - July 26th

(GIRLS)

Week 1: June 24th - 28th

Week 2: July 15th - 19th

Please be aware that if your child has been sent home from camp during a previous camp season, or has been taken into custody by any police department due to law violations, they will not be eligible to attend camp.

Please enclose proof of age with this application.

This can include a copy of the child's birth certificate, a letter from his/her school or family doctor.

PLEASE DO NOT SEND THE ORIGINAL BIRTH CERTIFICATE. Any applications received without proof of age will be returned.

Child's Information / Please complete this section (Please Print)

First Name:		Last Name:	
Date of Birth		School attended 2018-2019 School year:	
Sex		Height / Weight	
Mailing Address:		Physical Home Address:	
Shirt Size	S / M / L / XL In Youth or Adult <u>Circle one</u> <u>Circle one</u>	Has your child attend the Worthy Boys and Girls Camp before? How many years?	Yes / No _____ Years attended?

Parent / Guardian Contact information (Please print)

Parent or Guardian's First Name:		Last Name:	
Relationship to child:		Email Address:	
Physical Address:		Emergency Contact information if you can not be reached (please list name and number	
Please list 2 phone numbers to reach you:	Phone # 1: _____ Phone # 2: _____		

Medical Information—Please complete

1. List and explain any known health issues that would impede running, jumping, and strenuous exercise in dusty, wet or grassy areas at the Worthy Boys and Girls Camp? Please describe below. If not please list none:

2. Does your child have any allergies including to food and/ or medications? If yes, Please list on the line below

3. Please list any medication that your child is currently taking or any dietary restrictions. Please include all over the counter medication such as Tylenol & Ibuprofen ? Dietary restrictions needs to be listed in detail.

PLEASE READ THE FOLLOWING WORTHY BOYS AND GIRLS CAMP REGULATIONS

I do hereby certify this child is physically fit and capable of participating in camp activities and also give my permission for the camp director to seek medical care for my child if needed, and I will be fully responsible for all cost. I understand that the Worthy Boys and Girls Camp assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in these activities. I understand that the Worthy Boys and Girls Camp is not responsible for any items that are lost / damaged that belong to the child. In consideration of the privilege of participating at camp, I hereby voluntarily release and discharge the Worthy Boys and Girls Camp, it's agents, contract services, servants, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. In addition, I give my permission for any photographs taken of my child to be used on the Worthy Boys and Girls Camp Website or for promotion. The Rock Hill Police Department accepts no responsibility for injuries, either intentional or accidental which may occur in route to, from or while attending the camp.

Any violation to camp rules or physical violence will terminate your child's participation at The Worthy Boys and Girls Camp and you will be notified to pick them up.

YOUR SIGNATURE SIGNIFIES YOUR ACCEPTANCE OF THE WAIVER AND INFORMATION PROVIDED IS CORRECT.

Print Parent's Name: _____

Parent's Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED APPLICATION TO:
THE WORTHY BOYS AND GIRLS CAMP
Attn: Officer Chris Nelson
Rock Hill Police Department
120 E Black Street
Rock Hill, SC 29730
803-329-5583
501c(3) Nonprofit Organization