



**FLOYD COUNTY SHERIFF'S SUMMER YOUTH CAMP APPLICATION**

**Camp to be held from July 20<sup>th</sup>, 2009 to July 24<sup>th</sup>, 2009**

**Camp Hours 9 a.m. – 4 p.m. Monday-Friday**

NAME: \_\_\_\_\_ County \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Shirt Size:

Youth Sizes: S M L XL XXL Male / Female

Adult Sizes: S M L XL XXL Male / Female

**A YOUTH LEADERSHIP ORIENTATION PROGRAM FOR FLOYD COUNTY YOUTH**

The Floyd County Sheriff's Department, in conjunction with Graceland Baptist Church and New Albany Police Department, will sponsor and provide summer camp for students in Grades 6, 7 and 8 this year on the dates shown above. The camp staff will be comprised of local law enforcement personnel and other staff and local volunteers. The camp activities will include, but are not limited to displays, career oriented classes, leadership skills, obstacle courses, swimming, and other physical recreational activities. There will be opportunities for discussion and personal contact with some of Floyd County's finest law enforcement officers. (Campers are permitted to attend this camp only one time).

If you should have any questions or concerns regarding transportation then circle this line and a Camp Staff Member will contact you to discuss those issues or concerns.

The Camp will be limited to 200 campers. The completed application must be submitted to the Floyd County Sheriff for Approval, Applications may be dropped off at the Floyd County Sheriff's Department or Mailed to :

**Floyd County Sheriff Darrell Mills**  
**Summer Youth Camp Program**  
Post Office Box 1406  
New Albany, Indiana 47151-1406

APPLICATIONS MUST BE SUBMITTED BY **June 30<sup>th</sup>, 2009**

**MEDICAL INFORMATION**

Circle if immunizations have been obtained and are current: Polio-Salk / Polio-Oral / Tetanus / Diphtheria / Typhoid / Smallpox

List any unusual conditions the camp staff should know about (allergies, medications, medical conditions, restrictions, limitations, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT CONSENT AND RELEASE FORM**

This part of the application is to be completed and signed by a parent or guardian. Where parents are separated or divorced, this form must be signed by the parent with legal custody as established by a court. I hereby certify that the above applicant is in good physical health and to my knowledge has no medical and/or physical conditions that would prohibit him/her from participating in any of the activities. I have read all the information in this application and I understand that the camper(s) will be supervised by the camp staff and that if serious injury or illness occurs, medical and/or hospital care will be given. I further understand that in case of serious injury or illness an attempt will be made to notify the parent or guardian from the information furnished in this form. If it is impossible to reach the parent or guardian, I give my permission for treatment or surgery to be administered as recommended by the attending physician.

I/we acknowledge that the applicant knows and appreciates the risks and dangers involved in the above Summer Camp Program and are assuming all risks of the injury and damage incident to his/her participation in the camp. Further, in consideration of the permission granted to the applicant to participate in the Floyd County Summer Youth Camp program, I/we do hereby release and discharge the Floyd County Sheriff Summer Youth Camp Program from all claims, demands, actions and causes of action of any kind for any injuries sustained by the applicant and from any damages to applicant and/or applicant's property as a result of the camp activities which will include, but not be limited to, displays, career-oriented classes, and all summer camp and other recreational activities.

I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AND RELEASE FORM AND REQUEST THAT THE ABOVE APPLICANT BE PERMITTED TO ATTEND THE CAMP SUBJECT TO THE ABOVE TERMS AND CONDITIONS.

\_\_\_\_\_  
Camper's local Physician's Name

\_\_\_\_\_  
Physician's Phone #

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian Phone # (Home)

\_\_\_\_\_  
Alternate Phone #

**SHERIFF'S APPROVAL**

I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN APPROVED TO ATTEND THE FLOYD COUNTY SHERIFF'S YOUTH CAMP FOR 2009.

\_\_\_\_\_  
Sheriff's Signature

**Detailed camp information will be mailed once the student has been approved for the camp.**

For more information please visit [www.fcsdin.org](http://www.fcsdin.org) or contact the Floyd County Sheriff's Department at 812.948.5400.