

SHELBY POLICE DEPARTMENT COP CAMP REGISTRATION FORM

General Information

Camper's Name: _____ T-Shirt Size: _____

Address: _____

Telephone #: _____ Age: _____ DOB: _____

Parent(s) or Guardian: _____

Address: _____

Telephone #: (Home) _____ (Work) _____ (Other) _____

Emergency Contact Information

Name: _____

Address: _____

Telephone #: (Home) _____ (Work) _____ (Other) _____

Medical Information: If your child has any medical problems, or is taking any medication please list the problem, medication and any other necessary information below. If medication is for attention or behavior problems please list below also.

Liability Release for Cop Camp

I, _____, Parent or Guardian of _____, Age _____, do hereby release the City of Shelby, North Carolina and any member, employee, or volunteer of the Shelby City Police Department, or the City of Shelby, from any and all liability, claims, expense or other responsibility directly or indirectly arising out of the above minor's participation in Cop Camp.

Signature: _____ Date: _____
Parent or Guardian

Witness: _____

Medical Release

I hereby authorize Shelby Police Department, The City of Shelby, its employees, and or volunteers to seek and provide any type of medical attention for my named minor child should any of such persons deem it necessary at any time while participating in Cop Camp, provided that they contact a parent or guardian or emergency contact for my child as soon as possible.

Signature: _____ Date: _____
Parent or Guardian