



Leon County Sheriff's Office ADVENTURE CAMP



Session I (Boys Camp)
June 14-18, 2021

Session II (Girls Camp)
June 21-25, 2021

Name: _____
Last First Middle

Mailing Address: _____

Same as above

Physical Address: _____

Date of Birth: _____ Age: _____ Gender: _____ Shirt Size? _____

Phone Number(s)

Home: _____ Cell _____ Other: _____

It is important that we have working phone numbers to contact you regarding this camp

Email: _____ @ _____ . _____

Emergency Contact Information

Parent/Guardian: _____ Emergency Phone #: _____

Alternate Contact: _____ Alternate Phone #: _____

Health Insurance: _____ Policy #: _____

Physician: _____ Phone #: _____

Please list any medical conditions allergies or dietary restrictions that might require special attention: _____

The below signed parent/guardian gives their child permission to attend and participate in the activities of the Sheriff's Adventure Camp. I also give permission for my child to be transported by any means approved by the Leon County Sheriff's Office. I hereby grant permission to use photographs and/or video of my child in publications, news releases, online, and in other communications related to the Sheriff's Adventure Camp.

While participating in events held or sponsored by Sheriff's Adventure Camp "social distancing" must always be practiced and face coverings worn to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, LCSO has put in place preventative measures to reduce the spread of COVID-19. However, LCSO cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

Signature of Parent/Guardian

Date

Signature of Camp Participant

Date

LCSO USE ONLY

What Grade Is Camper Going Into? _____

What School Will Camper Be Attending Next Year? _____

Recruiting Deputy: _____