

## 2020 ADVANCE Camp Registration Camper age requirement: 9-12

E-mail: [genejoy@hallcounty.org](mailto:genejoy@hallcounty.org) Mail: Lieutenant Gene Joy 2859 Browns Bridge Road. Gainesville, Georgia 30504

1. Complete registration form and bring form to registration meeting on May 9th, 10:00-1:00pm at the Academy Sports in the parking lot.
2. Call Lieutenant Joy at 770-530-0152 E-mail: [genejoy@hallcounty.org](mailto:genejoy@hallcounty.org)
3. 2020 ADVANCE CAMP IS JUNE 1-5, 2020 AT FREE CHAPEL MAIN CAMPUS 3001 McEVER ROAD GAINESVILLE, GEORGIA 30504
4. Camp space limited. Reservations will be made on a first come-first serve basis. Please make sure you provide a legible e-mail address and a working telephone number so we may confirm your child's place in our camp. Thank you.
5. Cost: Camp is FREE. Ages 9-12.
6. Field Trips include: Lake Lanier Islands Beach and Waterpark, Atlanta Zoo, Cookout and Public Safety Display at Laurel Park and much more!
7. Children must be picked up by 5:00 p.m. daily during camp. **NO EXCEPTIONS**

### Camper Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Home Phone: ( ) Alternate Phone: ( )

E-mail Address: \_\_\_\_\_

AGE: DOB School Attended: \_\_\_\_\_

**LIST ALLERGIES OR MEDICAL ISSUES:** \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Primary Phone: ( ) Alternate Phone: ( )

Relationship: \_\_\_\_\_

### DISCLOSURE, PERMISSION STATEMENT, MEDIA RELEASE, AND RELEASE OF LIABILITY

THE 2020 HALL COUNTY SHERIFF'S OFFICE ADVANCE CAMP INVOLVES SEVERAL ACTIVITIES. PARTICIPANTS SHOULD HAVE CURRENT HEALTH/ACCIDENT INSURANCE. THE HALL COUNTY SHERIFF'S OFFICE RESERVES THE RIGHT TO REFUSE TO ALLOW ANY PERSON TO PARTICIPATE IN ANY AND/OR ALL OF THE CAMP ACTIVITIES IF, IN THE SHERIFF'S OFFICE SOLE JUDGEMENT, SUCH PARTICIPATION MIGHT JEOPARDIZE THE HEALTH OR WELL BEING OF THAT OR ANY OTHER PERSON. ADDITIONALLY, CERTAIN HEALTH AND MEDICAL INFORMATION MUST BE MADE KNOWN TO INSTRUCTORS AT TIME OF REGISTRATION TO ALLOW THEM TO RESPOND APPROPRIATELY TO ANY SPECIAL NEEDS OF THE CHILD. **PRIVACY COMPLIANCE: ALL SUCH INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

**BY SIGNING,** I UNDERSTAND THAT THE HALL COUNTY ADVANCE CAMP MAY BE PHYSICALLY DEMANDING AND THAT MY CHILD MAY BE EXPOSED TO NORMAL RISKS. FURTHERMORE, IT IS IMPOSSIBLE THAT THE HALL COUNTY SHERIFF'S OFFICE ADVANCE STAFF, SHERIFF GERALD COUCH, EXECUTIVE MANAGEMENT, OR THE HALL COUNTY SHERIFF'S OFFICE CAN GUARANTEE ABSOLUTE SAFETY.

I AFFIRM THAT MY CHILD IS IN GOOD HEALTH AND IS NOT UNDER A PHYSICIAN'S CARE FOR ANY CONDITION THAT MIGHT ENDANGER THE HEALTH OF THAT OR OF ANY OTHER PARTICIPANTS.

**PHOTOGRAPH PERMISSION: BY SIGNING, I GRANT PERMISSION TO ALLOW THE HALL COUNTY SHERIFF'S OFFICE TO PHOTOGRAPH MY CHILD FOR ADVANCE PROGRAM NEWS, AND GRADUATION PURPOSES.**

I HEREBY RELEASE SHERIFF GERALD COUCH, EXECUTIVE MANAGEMENT, HALL COUNTY SHERIFF'S OFFICE EMPLOYEES, CAMP STAFF, FREE CHAPEL CHURCH AND STAFF, AND ALL CAMP SUPPORT PERSONNEL FROM ANY AND ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, AND COSTS. **I AGREE TO ALL OF THE ABOVE STATEMENTS AND CONDITIONS AND AFFIRM THIS AGREEMENT BY MY SIGNATURE.**

DATE: \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

Attention: Please check box to right if you are a Camp Helper or Assistant: