

2017 ADVANCE Camp Registration Camper age requirement: 9-12

E-mail: wforrester@hallcounty.org Mail: Sgt. Doug Forrester, HCSO ADVANCE, 2859 Browns Bridge Road Gainesville, Georgia 30504

1. Complete registration form and bring form to registration meeting on May 13th, 10:00-1:00pm, or May 15th 5-8 pm at the Academy Sports in the parking lot. (Call 678-618-6601 if bad weather.)
2. Call Sgt. Forrester 678-618-6601 should you have any questions. E-mail: wforrester@hallcounty.org
3. 2017 ADVANCE camp is June 12-16, 2017 Free Chapel Main Campus located at 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, Atlanta Zoo, Lake Lanier Islands Beach and Waterpark, Cookout and Public Safety Display at Laurel Park.

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: _____

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 2017 **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 **2017 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:

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