

# 2025 ADVANCE Camp Registration Camper age requirement: 9-12

1. Complete registration form and bring form to registration on May 31<sup>st</sup>, 9:00-1:00pm at the Academy Sports in the parking lot. (Call 770-530-0152 if bad weather.)
2. 2025 ADVANCE camp is June 9-13, 2025, **5 DAY CAMP**. Camp located at: Free Chapel Main Campus located at 3001 McEver Road Gainesville, Georgia 30504.
3. **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.
4. Cost: Camp is **FREE**. Ages 9-12.
5. Field Trips include Lake Lanier Islands Beach and Waterpark, Atlanta Zoo, Cookout and Public Safety Display at Laurel Park and much more!

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: \_\_\_\_\_ School Attended: \_\_\_\_\_

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

## Emergency Contact Information

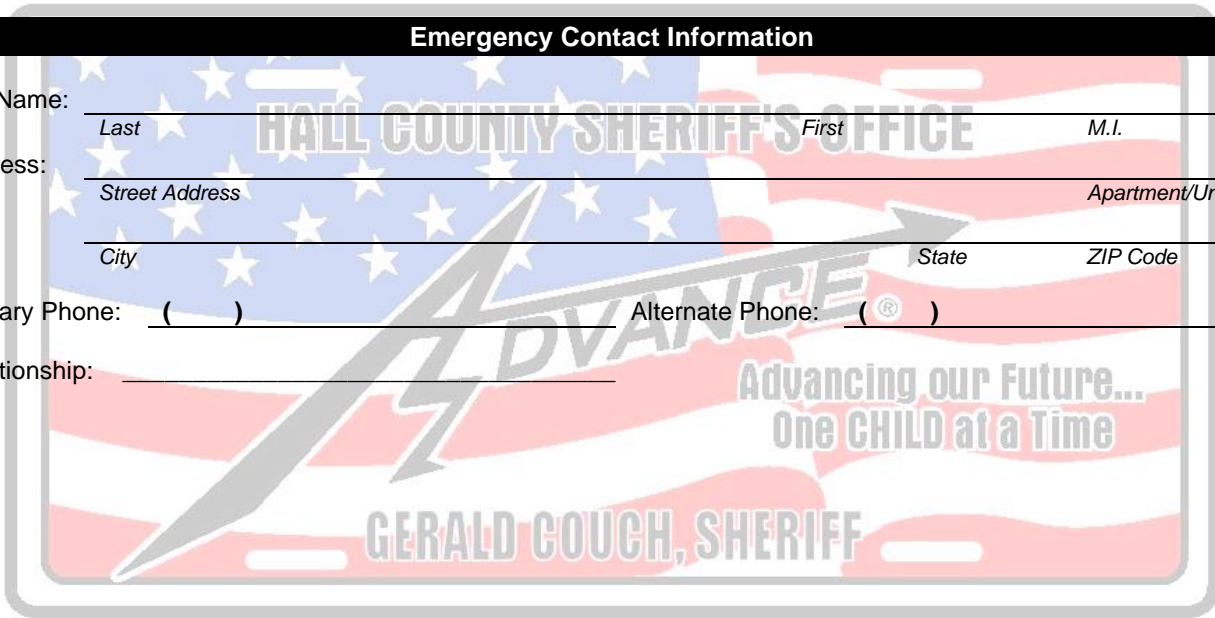
Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

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



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

THE 2025 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 2025 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, MEDIA, AND OUTREACH PURPOSES.**

I HEREBY RELEASE SHERIFF GERALD COUCH, EXECUTIVE MANAGEMENT, AND 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: