



### 3 Day Camp (Tuesday-Thursday ONLY)



## San Luis Obispo County Sheriff's Youth Summer Camp

**\*\*\*Return Completed Form to School Office\*\*\***

Name \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

(First) (MI) (Last)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Current School Attending: \_\_\_\_\_

Grade Level (Accepting incoming 5<sup>th</sup> through 7<sup>th</sup>) \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (include area Code): (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Daytime Phone No. (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone No. (\_\_\_\_) \_\_\_\_\_

Person authorized to care for child in case of emergency, when mother/father cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Does your child have any medical conditions/allergies/medications which we need to be aware of?

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Student T-Shirt Adult Size (check ☒ one) Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ XL \_\_\_\_

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Which Camp would you attend? Please check ☒ one.

☐ North (Templeton) ☐ South (Nipomo) ☐ Coast (Cayucos)

Will you need Bus Transportation to/from the Camp? ☐ Yes ☐ No

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#### Parent/Legal Guardian

I, \_\_\_\_\_, Release the San Luis Obispo County Sheriff's Office and all participating agencies from any and all liabilities or responsibilities pertaining to accidents, injuries, or complications resulting from activities or while transporting participants to activities. I authorize the Sheriff's Summer Program Leadership to transport the above-named participant to the nearest hospital in case of injury or suspected injury while the participant is involved in a summer program activity. I authorize the hospital attending physician to administer necessary emergency professional medical care to the above-named participant upon his/her arrival at the hospital.

\_\_\_\_\_(initial) All Sheriff's summer program staff and participant images may be used for future promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*CAMP IS LIMITED TO THE FIRST 120 SIGNUPS\***