

**2025 CURRITUCK SHERIFF'S
SUMMER CAMP APPLICATION**

Applicant Name: _____

Child Information:

First _____ Middle _____ Last _____ Gender: Male ☐ Female ☐

School Name _____ Current Grade Level Completed _____ Birth Date ____/____/____

Age _____ Address _____

Email _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Middle _____ Last _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Cell Phone _____ Work Phone _____

Cell phone _____ Fax _____ Email _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Middle _____ Last _____

Street Address _____

Town/City _____ State ____ Zip code _____ Home Phone _____ Work phone _____

Cell phone _____ Fax _____ Email _____

Occupation _____ Employer _____

Child lives with: ☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Both Parents/Guardians

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Cell Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

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Please list the people in addition to the parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Phone Number: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____

Please list any medical concerns including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Concern	Required treatment	Should paramedics be called during distress?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is your child presently being treated for an injury, sickness, or taking any form of medication?

☐ Yes ☐ No If yes, explain: _____

Is your child allergic to any type of food, medication, insects, animals (etc)?

☐ Yes ☐ No If yes, explain: _____

Does your child require a special diet?

☐ Yes ☐ No If yes, explain: _____

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

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Terms of Agreement

Photograph/Video/Audio Release

I hereby give permission for my child to be photographed, video recorded, or audio recorded anytime during **Currituck County Sheriff's Summer Camp** gatherings. I understand that the photographs, videos, and audio recordings will be used to share during powerpoint presentations, reports to our donors, promotional purposes including: flyers, brochures, newspaper, social media, and on the internet. I understand that my child's photograph, video, or audio recordings may be used for advertising, and I do not expect compensation. I agree that all photographs, videos, and audio recordings are property of the **Currituck County Sheriff's Summer Camp** and its affiliates (respective representatives, employees, agents, SRO's).

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child to and from any **Currituck County Sheriff's Summer Camp** activities by modes of transportation agreed to by the **Currituck County Sheriff's Summer Camp** and its affiliates (respective representatives, employees, agents, SRO's).

Parent's/Guardian's Initials _____

Water Activities/Swimming Release

I hereby give my child permission to participate in all **Currituck County Sheriff's Summer Camp** water activities and all swimming activities. Please Check the box that best explains your child's ability to swim and provide a detailed statement regarding your child's swimming skills on the lines below.

☐ My child cannot swim

☐ My child can swim with assistance

☐ My child can swim without assistance

Parent's/Guardian's Initials _____

Release of Confidential Information

I hereby give permission to the **Currituck County Sheriff's Summer Camp** respective representatives, employees, agents, and SRO's to access my child's school records and contact school administrators/staff for purposes pertaining to the growth and development of my child.

Parent's/Guardian's Initials _____

Sickness/Illness Agreement

I understand that in the event my child becomes sick or ill, I will pick up my child within 1 hour from the current location of the **Currituck County Sheriff's Summer Camp** meeting place.

Parent's/Guardian's Initials _____

Movie Release

I hereby give permission to the respective representatives, employees, agents, and SRO's of the **Currituck County Sheriff's Summer Camp** to show my child movies and shows with G, PG, PG-13 movie ratings.

Parent's/Guardian's Initials _____

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Currituck County Sheriff’s Summer Camp strives to provide a safe and positive environment for club members to interact with peers, law enforcement officers, volunteers, and other community professionals. We strive to teach our youth the importance of accountability, discipline, self-respect, integrity, and teamwork. This will help our youth become dynamic members of our community. Rules and expectations in the behavior agreement below apply at all Currituck County Sheriff’s Summer Camp, functions, meetings, class time, and activities.

Behavior Agreement

1. Campers may NOT arrive at camp before 7:45 a.m.
2. Campers must leave camp at 3:30 p.m.
3. Camp starts at 8:00 a.m. If a camper is going to be later than 8:15 a.m. prior arrangements must be made. If you do NOT make a prior arrangements the camper may NOT attend that day. It causes too much disruption.
4. Camp participants must wear appropriate gym attire and athletics shoes during physical activities. No sandals or flip flops. Baseball caps, sunglasses, and sunscreen are suggested for outside activities.
5. Camp participants must sign in and sign out of camp and club meetings everyday (this is required).
6. Camp participants may not share snacks, lunch, or any other foods due to food allergies other children may have.
7. No weapons (firearms, toy guns and “look-alikes”, knives, brass knuckles, etc).
8. No fighting, pushing, touching, or horseplaying.
9. No spitting, teasing, name-calling or foul language.
10. No non-prescription drugs, illegal substances, tobacco, or alcohol permitted.
11. No fraternization (no kissing, hugging, holding hands).
12. **No electronic devices allowed within sight during class time or activities (i.e. cell phones, tablets, etc)**
13. No disrespecting staff or guests. Disruptive campers will be dismissed from camp and parents will be called to pick-up their child.
14. No sleeping during camp, functions, meetings, activities, class time.
15. Criminal acts will be investigated and campers/club participants may be subject to criminal or school consequences (i.e. stealing, vandalism, destruction of property, etc.).
16. Staff is not responsible for campers/club participants money or personal belongings.
17. Once a camper/club participant arrives to camp, club activities, functions, or meetings they cannot leave unless accompanied by a parent/guardian or alternate emergency contact.
18. Participation in class activities, club events, and community service is required.

I understand that in the event my child’s behavior violates any of the rules above, I may be required to pick up my child within 1 hour from the current location of the Sheriff’s Youth Club camp/meeting place. I understand that violation(s) of some rule(s) above could result in dismissal from summer camp and club membership.

Parent’s/Guardian’s Printed name	_____	Date	_____
Parent’s/Guardian’s Signature	_____	Date	_____
Students Printed name	_____	Date	_____
Student Signature	_____	Date	_____

Attendance Policy

In order for campers/club participants to participate in field trips, activities, or special presentations the campers/club participants must attend 75% of classroom sessions at camps and 75% of club meetings and community service projects. In order for an absence to be considered excused, parents/guardians must provide a signed written letter accompanied with appropriate documentation.

Excused Absences:

1. Personal illness or injury that makes the camper/club participant physically unable to attend.
2. Isolation ordered by the State Board of Health.
3. Death in the immediate family.
4. Medical or dental appointment.
5. Participation under subpoena as a witness in a court proceeding.
6. Participation in a valid educational opportunity, such as travel or service as a legislative or Governor’s page, with prior approval from the principal.
7. Pregnancy and related conditions or parenting, when medically necessary.
8. Visitation with the camper/club participant parent or legal guardian, if the parent or legal guardian is an active duty member of the uniformed services, Children of Military Families, and has been called to duty for, is on leave from, or has immediately returned from deployment to a combat zone or combat support posting.

Parent’s/Guardian’s Printed name	_____	Date	_____
Parent’s/Guardian’s Signature	_____	Date	_____
Students Printed name	_____	Date	_____
Student Signature	_____	Date	_____

NOTICE OF ASSUMPTION OF RISK AND RELEASE OF LIABILITY
CURRITUCK COUNTY SHERIFF’S OFFICE
SHERIFF’S YOUTH SUMMER CAMP

NO CAMP INSURANCE PROVIDED:
The Currituck County Sheriff’s Office, and County of Currituck, North Carolina do not carry or provide liability, accident or medical insurance to cover a juvenile’s participation in the Currituck County Sheriff’s Office Youth Summer Camp.

ASSUMPTION OF RISK: It is anticipated that Juvenile participants attending the Currituck County Sheriff’s Office Sheriff’s Youth Summer Camp will engage in light to moderate physical activity from time to time, including intramural sports. It is understood and acknowledged that there is a risk of injury involved in any athletic participation. Juveniles attending this Summer Camp will be under the general supervision and direction of Currituck County Sheriff’s Office staff during Summer Camp activities. However, it is understood that the Currituck County Sheriff’s Office cannot eliminate the risk of injury due to juvenile participation in any phase of the camp activities. Injuries may and sometimes do occur from participation in any physical activity. The undersigned do freely, knowingly and willingly accept and assume the risk of injury that might occur from participation in the activities of the Sheriff’s Youth Summer Camp.

RELEASE OF LIABILITY
In consideration for attendance by the below named Juvenile at the Currituck County Sheriff’s Office Sheriff’s Youth Summer Camp:

_____, parent, guardian or person authorized to execute this release of Liability, on behalf of _____, the minor child, covenant and agree to release from liability and hold harmless the County of Currituck, the Sheriff of Currituck County, and their respective representatives, employees, agents, volunteers and officials from any loss, damage or harm including death or personal injury, arising out of their acts, omissions or conduct of whatever nature as it pertains to the operation of The Currituck County Sheriff’s Youth Summer Camp.

This the _____ day of _____, 20 ____.

_____ Parent, Guardian or Person Authorized Printed Name	_____ Parent, Guardian or Person Authorized Signature
_____ Student Club Member Printed Name	_____ Student Club Member Signature

PERMISSION FOR MEDICAL TREATMENT OF JUVENILE
I, the undersigned parent, guardian or other authorized person responsible for the minor child, _____, date of birth _____, do hereby grant authority to the Staff of the Currituck County Sheriff’s Office Sheriff’s Summer Camp, to obtain emergency or necessary medical care for said minor child while said child is attending the Currituck County Sheriff’s Office Sheriff’s Youth Summer Camp gatherings/meeting/events. Parent or guardians listed will be contacted in the event of injury or illness of the minor child. The granting of this authority is effective from and including all dates on which the Currituck County Sheriff’s Office Sheriff’s Youth Summer Camp gatherings/meetings/events.

This is the _____ day of _____, 20 ____.

_____ Parent, Guardian or Person Authorized Printed Name	_____ Parent, Guardian or Person Authorized Signature
_____ Student Club Member Printed Name	_____ Student Club Member Signature

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Survey:

Please check the box that best identifies how you heard about the Currituck County Sheriff’s Office Summer Camp.

- ☐ Facebook If so, whos page _____
- ☐ Website If so, what website? _____
- ☐ School. If so, what school? _____
- ☐ SRO. If so, who? _____
- ☐ Word of Mouth. If so, who? _____
- ☐ Currituck Sheriff’s Office Deputy. If so, who? _____
- ☐ Flyer. If so, what flyer? _____
- ☐ Other _____
- ☐ YMCA _____

Summer camp preference:

**Recommendations for camp/club activities, classroom presentations, community service projects.
Positive and negative comments about the program.**

**Thank you to our generous camp sponsors;
Currituck Kids, Bobs Wild Horse Tours, Hardees, YMCA,
for your monetary or service donations.
Due to the generosity of our donors, this camp is free for participants.**