

**2020 CSI Summer Day Camp Participant Information  
June 15-17, 2020**

**Please complete each of the following three pages and return in person to the Gastonia Police Department. Your registration forms must include a payment of \$25.00. Cash or check only. The physical address is: 200 E. Long Ave., Gastonia, NC. Checks must be made payable to the *Gastonia Police Foundation*. NOTE: This camp is limited to 20 students, and registration will be on a first-come, first-served basis. Open only to rising 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> graders. Completed forms and payment will be collected at the above listed address beginning Monday, March 23, at 8:00 AM. And continue until filled.**

**If you have any questions about these forms or the registration process, please contact Sgt. Jamin Brackett at 704-854-6616. After the Registration has been accepted, we will request an emailed photo of your child, as we will be making Identification cards/name tags.**

<b>Participant Information:</b>		<b>Participant's Shirt Size (Circle One):</b>					
Name: _____	Birth Date: _____	<b>Youth:</b>	XS	S	M	L	XL
Address: _____		<b>Adult:</b>	XS	S	M	L	XL
_____							

◆ **My child will be entering the \_\_\_\_\_ grade in August 2020.**

**Parent or Guardian Name:** \_\_\_\_\_

Check if address is the same as participant.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

Employer: \_\_\_\_\_

Check if address is the same as participant.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

◆ **Parent Permission**

**(Please initial by each statement)**

\_\_\_\_\_ My child has permission to be photographed during program activities, and I grant the Gastonia Police Department permission to use these photographs, without compensation, to promote activities.

\_\_\_\_\_ My child has permission to travel by City of Gastonia or First Assembly transportation off the Church grounds during the summer

camp hours. I understand and agree that some activities are off premises (not on City of Gastonia property or property of First Assembly) and that my child will be under the supervision of City or First Assembly staff. I release First Assembly, its employees and agents, and the City of Gastonia, its employees and agents, from any liability in the event that an accident takes place. (See Release of Liability and Assumption of Risk below).

\_\_\_\_\_In the event of an emergency, I give my permission for medical treatment of my child by a physician or qualified medical personnel on duty at a hospital emergency room or by a physician or qualified medical personnel in private practice. I understand that all reasonable efforts will be made to contact me as soon as possible by a member of the camp staff.

\_\_\_\_\_I understand that the Gastonia Police CSI Summer Camp Staff request that all toys, video games, cell phones, and any other items not needed for camp stay at home. I understand that the First Assembly Staff, and the City of Gastonia are not responsible for any lost, stolen, broken items or camper's personal belongings.

**If I cannot be reached in the event of an emergency, the following persons are authorized to act on my behalf:**

Name \_\_\_\_\_

Relation to participant \_\_\_\_\_ Phone Number ( \_ ) \_\_\_\_\_

Name \_\_\_\_\_

Relation to participant \_\_\_\_\_ Phone Number ( \_ ) \_\_\_\_\_

**If I am not be able to pick up my child from summer camp, the following persons are authorized to pick up my child:**

*(A valid picture ID will be required in order for your child to be released to someone else)*

Name \_\_\_\_\_

Relation to participant \_\_\_\_\_ Phone number \_\_\_\_\_

**◆ HEALTH INFORMATION**

Health Insurance Provider \_\_\_\_\_

List any physical limitations, medical conditions or special needs:

\_\_\_\_\_

Please list any medications you are sending with your child:

Name of Medication \_\_\_\_\_

Dosage: Amount of Dose \_\_\_\_\_ When to be taken \_\_\_\_\_

Prescribed by Dr. \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

I give permission for a member of the Gastonia Police Department or First Assembly staff to dispense this medication to my child.

Parent/ Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

List any allergies (Food, Drug, etc.) \_\_\_\_\_

Additional Remarks \_\_\_\_\_

**RELEASE and WAIVER of LIABILITY  
ASSUMPTION OF RISK**

I understand that the 2020 CSI Summer Day Camp will include activities requiring varying degrees of physical activity/exertion. I also understand that food will be provided by event staff.

In consideration of my child being allowed to participate in the 2020 CSI Summer Day Camp, I hereby release, discharge, and indemnify the City of Gastonia and First Assembly, and all agents and employees thereof, from any and every claim, demand, right or cause of action, including attorney's fees, for personal injury or property damage/loss, which might arise either directly or indirectly, from my child's participation in this Day Camp. Further, I am fully aware of the potential risk of personal injury or property damage which may arise from my child's participation in this Day Camp's activities, and I hereby specifically and voluntarily assume all such risks in behalf of my child.

I hereby specifically and voluntarily assume all such risk and expressly release the City of Gastonia/First Assembly and their agents and employees from any cause of action or claim of whatsoever kind of nature, including attorney's fees, arising out of my child's participation in the 2020 CSI Summer Day Camp.

**Parental Consent Agreement – Photograph & Media Release Authorization**

I also give permission for the Gastonia Police Department and/or First Assembly staff to make and use pictures or digital images of my minor child without compensation. I agree that such pictures and images may be used in materials, printed or electronic, related to the role and function of the Gastonia Police Department. These pictures and images may be disseminated to media outlets for publication, and I specifically give my permission for such publication and waive all rights to such photographs and images, which shall be wholly owned by the City of Gastonia.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK and the PARENTAL CONSENT AGREEMENT/PHOTOGRAPH & MEDIA RELEASE. I understand that I have given up substantial rights by signing this document, and I have signed freely and without any inducement or assurance of any nature. In doing so, I intend to provide a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**During the camp hours, I may be reached at:**

Mother \_\_\_\_\_ Phone Number ( \_ ) \_\_\_\_\_

Father \_\_\_\_\_ Phone Number ( \_ ) \_\_\_\_\_

