Montgomery County Sheriff's Office

Show & Tell Summer Camp

July 27th- 31st

Camp is available to children ages 9-11 and who are residents of Montgomery County. A copy of your child's birth certificate must be included with this application. This is 24/7 camp.

(Please Print)

Name: _____ _____ _____
(First) (Middle Initial) (Last)

Sex: ____ D.O. B. _____ Age: _____ T-shirt size (Adult): ☐S ☐M ☐L ☐XL

Name of Parent or Legal Guardian:_____Phone No: _____

Email Address:_____Home Address: _____

City: _____ State: _____ Zip: _____

Employer of Parent or Legal Guardian:_____Work No. _____

Work Address:_____City:_____State:_____Zip: _____

Emergency Contact Name:_____Phone No: _____

Parent's Day Attendance, Thursday, July 30, 2020, 5:00 p.m.-7:00 p.m._____Yes we will attend (2 people max, no other kids are allowed to attend)

Parent #1 Name _____

Parent #2 Name _____

Water Activities

I certify that my child (check only one): IS _____ IS NOT _____ authorized to participate in the water activities during the Montgomery County Sheriff's Office Show and Tell event.

I certify that my child is a (check only one): Non Swimmer____Beginner Swimmer ____ Advanced Swimmer ___

Waiver of Claims

In lieu of the benefits derived from participation in this activity, all claims against the Montgomery County Sheriff's Office, its officers, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness or injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to, the trip or activity, including travel, are hereby expressly waived by the applicant/ applicant's family/guardians. I hereby approved and agree to all of the terms and conditions of this application and certify to its correctness. My signature signifies my agreement for the Montgomery County Sheriff's Office and it's designees to photograph/video my child (ren).

_____ _____
Signature of Parent or Legal Guardian Date

Applications are due by June 1, 2020

See Reverse Side →

If mailing send completed application to, P.O. Box 4219, Montgomery, AL 36103 (334) 832-1339

Montgomery County Sheriff's Office

Show & Tell Summer Camp

Personal Health History

Please Print

Name:_____ Sex: _____ D.O. B. _____ Age: _____
(First) (Last)

Name of Parent/Legal Guardian: _____

Telephone: (home) _____ Mobile: _____ Work _____

Home Address:_____City: _____ State: _____ Zip: _____

Allergies: Food, Medicine, Insects, Plants, Other: ☐ Yes ☐ No

If yes, explain: _____

_____

List medications to be taken while at camp: Medicine Dosage Amount Dosage Time(s)

(Add additional forms as needed) _____

_____

GENERAL HEALTH INFORMATION: Does your child have any of the following:

Asthma	☐ Yes ☐ No	Convulsions/Seizures	☐ Yes ☐ No
High Blood Pressure	☐ Yes ☐ No	Kidney Disease	☐ Yes ☐ No
Hemophilia	☐ Yes ☐ No	Diabetes	☐ Yes ☐ No
Heart Trouble	☐ Yes ☐ No	Other: _____	

List any physical or behavioral conditions that may affect or limit you from participating in swimming, backpacking, hiking long distances or playing strenuous physical games: _____

_____

List any equipment needed such as braces, glasses, contact lenses, etc. _____

_____

Name of personal physician: _____ Phone No. _____
Insurance carrier: _____ Policy No. _____

Parent/Legal Guardian Authorization

This health history is correct to the best of my knowledge and the person named above has my permission to engage in all prescribed activities, except as noted above. In the event of illness of accident in the course of such activity, I request that measures be taken without delay as to the judgment of the medical personnel.

_____ _____
Signature of Parent or Legal Guardian Date

_____
Printed Name of Parent or Legal Guardian

Submit