

Spalding County Sheriffs' Office

Darrell Dix, Sheriff

Sheriffs' Summer Camp Application

2023 4th-5th Graders

2023 Sheriffs'



Summer Camp

**Please read thoroughly, complete the registration form and
return it to the Spalding County Sheriffs' Office**

Please note - First Come, First Serve, limit is 15 kids

Darrell Dix, Sheriff of Spalding County

Sheriffs' Summer Camp Handbook

General Purpose:

As part of his ongoing commitment to our youth, Sheriff Dix has developed a week long program to be offered for one week this year, allowing for 15 participants for the whole week. This allows the participants free of charge an opportunity to take part in a mix of indoor and outdoor activities with a strong emphasis on ethics and decision making.

Hours of Operation:

Spalding County Sheriffs' Staff will be on duty from 8:00 am to 4:30 pm.

Cost:

There is no cost for the summer camp.

Staff:

Our staff consists of certified law enforcement professionals specially trained to provide educational programs for children in our school system.

Lunch and Snacks:

Children who participate in the Sheriffs' Summer Camp will be provided lunch with a drink and other refreshments. Please do not send food with your child **UNLESS** a special diet is required.

Special Requirements:

If your child has any special requirements this is to be identified on the Sheriffs' Summer Camp Registration form. Also **PLEASE** make the staff aware at the time of registration.

Dress Code:

Good personal appearance, appropriate dress, proper behavior and cleanliness are vital to each member of our camp.

1. Comfortable clothing is necessary for daily activities. Therefore, an official Sheriffs' Summer Camp T-shirt will be provided.
2. Would prefer that the Official Summer Camp T-shirts be worn daily, but **MUST** be worn on field trip days as designated on the attached activities agenda. Please keep these shirts clean.
3. Tennis shoes are allowed and encouraged. NO flip-flops or open toed shoes will be allowed.
4. Clothing shall be free from words, slogans, or pictures that advertise derogatory pictures, slogans, offensive writing, racial suggestions or emblems that refer to gang affiliation.
5. Shorts that are mid thigh or longer, or pants are required. No dresses **UNLESS** part of religious requirements.

Transportation:

It is the responsibility of the parent or guardian to transport the participant to and from Spalding High School each day. During the week certain events require the transportation of the participants to other locations which will be done in the Sheriffs' Office van or bus.

Medication:

If a child is to receive medication while at camp, this requirement **MUST** be noted on the Sheriffs' Summer Camp registration form and signed by the parent or guardian in the appropriate places. The Sheriffs' Office on-duty nurse will oversee the dispensing of the medication. All medication must remain in the original container from the pharmacy.

Accident and Illness:

If a child is injured at our facility, an on-site medical professional will administer first aid. Parents then will be contacted in cases that are serious enough to warrant communication. If the staff is unable to reach the parent(s)/guardians(s), the emergency number (which should have been provided by the parent/guardian) will be called in an effort to find someone to come for the child. If an emergency occurs and parents/emergency contact person cannot be reached, an ambulance will be called at parent's expense. If your child shows signs of illness, he/she should not be sent to the program, for seldom does a child improve on the way to the facility, therefore a day at home is considered a preventive medicine for others. If a child becomes ill while at the facility, you or emergency contact person will be notified of this illness.

Sign In/Out:

A daily attendance log must be kept on all children that attend the program. Parents are to walk their child in and sign them in daily. Parents (or their documented designee) are also required to walk in and sign their child out at the end of the day.

Discipline:

Discipline is a joint effort on the part of the staff and child with the assistance of the parents/guardian. Specific rules of behavior are explained on Monday morning. For violation of the rules or for other sufficient reasons, the child will be removed from the program.

Spalding County Sheriffs' Office staff will have the final say in this matter.

Site Emergency:

In the event of an emergency or natural disaster, the following procedures will be in effect.

1. Children will remain at the sight until a parent or other authorized person can pick them up.
2. In the event of a site evacuation, children will be taken to a local emergency shelter. The location will be posted on the facility door. Efforts will be made to contact parents if an evacuation becomes necessary.
3. Sheriffs' Summer Camp staff will remain with the children until they are picked up.
4. Private vehicles will not transport children for any reason.

Use of Electronic Devices PROHIBITED:

The children attending this camp are expected to actively participate and interact with their fellow campers and the Sheriff's Office staff. Therefore, the possession of personal electronic devices is prohibited. This includes the following examples but is not limited to:

Cell phones

iPods or other devices for playing music or movies

Nintendo or any type of gaming device

Pocket PC's

Or any other non-medical electronic device

All communication with campers will be done through the contact information provided by the Sheriff's Staff.



Spalding County Sheriff's Office 2023 Summer Camp
Darrell Dix, Sheriff

** Sheriff's Summer Camp Registration Application **

This registration request is for the Sheriff's Summer Camp scheduled on:

June 5 through June 9

Instructions:

1. One registration form per participant.
2. Please print.
3. Must be completed in its entirety by a parent or legal guardian.
4. Selection for participants will be on a "first come, first serve" basis for the 15 allowed number of participant.

Participant Information:

Please identify which grade level your child will be entering for the next school year (

Participant's Name: _____ Age: _____

Name child called: _____ Born: / / Sex: () Male () Female

Address: _____ Apt: _____

City: _____ **Zip:** _____ Home Phone: _____

NOTE: The T-shirts given to participate MUST be worn every day and may require periodic cleaning.
Shirt Size _____

Parental or Guardian Information

Name: _____ Relationship: _____

Address: _____

Phones: Home: _____ Work: _____ Mobile: _____

Name: _____ Relationship: _____

Address: _____

Program Survey

How did you hear about the Sheriff's Summer Camp program? _____

What is your reason for choosing this Summer Camp program? _____

Emergency Contact Information

Please give the name, address and phone numbers of two adults that may be notified in case of emergency or illness, when parents or guardians are not available. These people should live in Spalding County. Please provide a telephone number where these people may be reached during program hours.

1. Name: _____ Relationship: _____

Address: _____ City: _____

Phones: Home: _____ Work: _____ Cell: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____

Phones: Home: _____ Work: _____ Cell: _____

PARTICIPANT'S PHYSICIAN AND SPECIAL NEEDS

Physician's Name: _____ Phone: _____

Address: _____ City: _____

Please list the name of your major medical health insurance company: _____

Is the Participant covered under this health insurance company () YES, () NO

List the medications participant is currently taking: _____

Will the participant be taking medication during Camp? () YES, () NO (If yes, list the medication(s) to be taken and sign below*** (If you authorize the Sheriff's Office on-site nurse to oversee the dispensing of authorized medication)

List authorized medication participant will be taking: _____

GENERAL WAIVER AND PHOTOGRAPH RELEASE

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, Parent or Legal Guardian of

_____, Hereby, release and discharge, and by these presents

do for myself, my heirs, executors, administrators, and assigns release and forever discharge, Spalding County, Georgia, the Spalding County Sheriff's Office, and the Spalding County Sheriff, and their respective members, employees, contractors, agents and representatives, of and from all claims, demands, damages, actions, causes of action or suits at law or in equity, of whatsoever kind or nature which I now have or may have hereafter, for or because of any matter or thing done, omitted, or suffered to be done by said entities prior to and including the date hereof, and particularly on account of all injuries both to person and property resulting, or to result, from participation in programs and activities sponsored by the Spalding County Sheriff's Office during the Sheriff's Summer Camp.

Additionally, hereby grant to Spalding County, Georgia and the Spalding County Sheriff's Office my absolute and unconditional permission to use, without charge, any and all photographs, video reproductions or other like kinds of imagery production taken during the event in which my or my child's likeness or image of child or ward, may appear as the subject matter for publicity or any other purpose. I understand that my name or the name of my child or ward may be included with the photograph or other images.

The intent of this release is not to sell or publicize individual images of the parents or children attending this program. It is intended to make you aware that these images may appear with the others or in group on brochures, internal publications, or press release promoting Sheriff's Office programs.

IN WITNESS WHEREOF, the undersigned hereby executes this release this _____ day of _____, 2023.

Printed Name

Signature

Address

Signed in the presence of:

Unofficial Witness

ACKNOWLEDGEMENT FOR RECEIPT OF HANDBOOK

By signing below, I, the parent or guardian of _____
Acknowledge that I have received a copy of the Sheriff's Summer Camp Handbook and I also
agree to all the rules set forth in the Handbook.

Signature: _____

Date: _____

PARTICIPANT RELEASE

Persons Authorized to Pick Up Your Child:

Name: _____ **Relationship:** _____

Address: _____ City: _____

Phones: Home: _____ Cell: _____ Work: _____

Name: _____ **Relationship:** _____

Address: _____ City: _____

Phones: Home: _____ Work: _____ Cell: _____

Name: _____ **Relationship:** _____

Address: _____ City: _____

Phones: Home: _____ Work: _____ Cell: _____

SPECIAL INSTRUCTIONS

This form can be changed / updated at any time during the Sheriff's Summer
Camp. Your child WILL NOT be released to anyone not on the list without written
permission from you submitted in advance.