



**2026 Summer Camp Registration Form**

Participant's Name: \_\_\_\_\_ Gender: M F  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (primary): \_\_\_\_\_ Email: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mother's Work/Cell Phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Father's Work/Cell Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Camp Week**  
June 22-26 at Christian Outreach of the Piedmont \_\_\_\_\_  
**Campers must be rising 1<sup>st</sup> grade - 5<sup>th</sup> graders. Camp hours are 8am-12pm each day.**  
**Breakfast and lunch will be provided for all camp participants.**

**Other People Authorized to Pick Up Child:**  
\_\_\_\_\_  
**Specify any Medical Conditions, Chronic Illnesses, or Disabilities:**  
\_\_\_\_\_  
**Specify any allergies or intolerances your child has:**  
\_\_\_\_\_  
**Please list any special accommodations that your child requires to participate in the program:**  
\_\_\_\_\_  
**Please list any information that would help us to ensure your child has a safe and fun camp experience:**  
\_\_\_\_\_  
**Please list any siblings attending the same program:** \_\_\_\_\_

**PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT**

Please read this form carefully and be aware that by registering your minor child/ward for participation in Summer Camp program(s), you will be waiving the rights of your minor child/ward to all claims for injuries your minor child/ward might sustain arising out of these program(s) and you will be required to indemnify, hold harmless the Statesville Police Department and the City of Statesville for any claims arising out of participation in said program(s).

**Risk of Injury:** "As a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages, or loss which may be sustained as a result of participating in any and all activities associated with this program."

**Waiver of Injury Claims:** "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program." Release from Liability: "I do hereby fully release and discharge the Statesville Police Department and the City of Statesville and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which may occur on account of participation in the program."

**Indemnity and Defense:** "I further agree to indemnify, hold harmless the Statesville Police Department and the City of Statesville and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program." In the event of any emergency, I authorize the Statesville Police Department to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement. By this authorization, I hereby approve of the program and accept the facilities, equipment, supervision, and the instruction, or waive the right to do so. I understand that immediately prior to any activity I have the right to inspect the facilities or equipment and will notify the instructor, supervisor, or the City of any objection to the connection therein. I also give permission for my child to be photographed in the program setting, and for those images to be used in publications relating to the Statesville Police Department and its affiliated programs.

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

**DISCIPLINE POLICY:** Staff will involve the parent/guardian in the disciplinary process. Non-aggressive/physical offenses will be dealt with using the Discipline Action Form.

1. **First Offense-** Verbal warning and parental discussion. (Parent will be asked to sign discipline action form.)
2. **Second Offense-** Written warning and parental discussion. (Parent will be asked to sign discipline action form.)
3. **Third Offense-** Dismissal from the remainder of the camp.

**Disciplinary action will be determined based upon the severity of the offense.** Fighting, weapons, tobacco, alcohol, and drugs will not be tolerated. If child violates a severe offense listed above or any offense staff deems to be severe, with advisement from Program Director, staff discretion will be used to determine the punishment.

I have read and discussed with my child the Statesville Police Department's Summer Camp Rules and Disciplinary Policy. I agree to accept this policy. I understand that the staff reserves the right to amend this policy based on the severity of the offense. Expulsion from the program will occur for reasons including, but not limited to weapons and violence toward other campers or staff.

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

Return completed form to Nakayla Griffin at [ngriffin@statesvillenc.net](mailto:ngriffin@statesvillenc.net).