



San Luis Obispo County Sheriff's Youth Summer Camp

*****Return Completed Form to School Office*****

Name _____ Sex: M ___ F ___
(First) (MI) (Last)

Birth Date: ___/___/___ Age ___ Current School Attending: _____

Grade Level (Accepting current 5th through 7th) _____

Home Address: _____ City/State/Zip: _____

Phone (include area Code): (_____) _____ Email _____

Mother's/Guardian's Name: _____ Daytime Phone No. (_____) _____

Father's Name: _____ Daytime Phone No. (_____) _____

Person authorized to care for child in case of emergency, when mother/father cannot be reached:

Name: _____ Relationship: _____ Phone: (_____) _____

Does your child have any medical conditions/allergies/medications which we need to be aware of?

Please specify: _____

Student T-Shirt Adult Size (check one) Small ___ Medium ___ Large ___ XL ___

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Which Camp would you attend? Please check one.

North (San Miguel) South (Nipomo) Coast (Cayucos)

Will you need Bus Transportation to/from the Camp? Yes No

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Parent/Legal Guardian

I, _____, Release the San Luis Obispo County Sheriff's Office and all participating agencies from any and all liabilities or responsibilities pertaining to accidents, injuries, or complications resulting from activities or while transporting participants to activities. I authorize the Sheriff's Summer Program Leadership to transport the above-named participant to the nearest hospital in case of injury or suspected injury while the participant is involved in a summer program activity. I authorize the hospital attending physician to administer necessary emergency professional medical care to the above-named participant upon his/her arrival at the hospital.

_____(initial) All Sheriff's summer program staff and participant images may be used for future promotional purposes.

Parent/Guardian Signature: _____ Date: _____

CAMP IS LIMITED TO THE FIRST 120 SIGNUPS