

Hampshire County Sheriff's Office
KIDS KAMP
Registration Application

Camper Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Gender: M F Grade entering in fall: _____

T-Shirt Size: _____ (specify adult or youth when giving size)

Parent / Guardian Information

Mother / Guardian: _____ Day Phone: _____

E-mail Address: _____ Cell Phone: _____

Father / Guardian: _____ Day Phone: _____

E-mail Address: _____ Cell Phone: _____

Emergency Contact Information *(other than names listed above)*

Name: _____ Phone: _____

Name: _____ Phone: _____

Authorized Pick-Up Individuals (anyone authorized to pick up child before, after or during camp. Parent & guardians listed above do not need to be listed)

Name: _____ Phone: _____

Name: _____ Phone: _____

ACKNOWLEDGMENT OF RISK / HOLD HARMLESS

Hampshire County Sheriff's Office is pleased to offer to the community an opportunity for children to experience high quality recreational experiences, and to form positive relationships with law enforcement officers through the "Kids Kamp" program. The Sheriff's Office is committed to providing a positive experience and highly qualified, trained staff knowledgeable in the instruction and supervision of children in various activities offered through "Kids Kamp".

Inherent in such activities is also the possible risk of injury. We ask that you read and sign the following Hold Harmless Agreement as part of our registration process.

Parent / Guardian: Please Read Carefully & Sign Below

Child's Name (please print): _____

Acknowledgement of Risk:

I have voluntarily chosen to allow my child to attend "Kids Kamp" at Hampshire Park, and I understand the risks involved. I recognize that Kids Kamp and its activities like football, hiking, open recreation, aquatic activities, games/sports, and rappelling may involve risk of injury to my child and I agree to accept any and all risks associated with it.

I hereby grant permission to the Hampshire County Sheriff's Office and its employees to transport my child, via bus or van, on any scheduled field trips.

Hold Harmless:

In consideration of allowing my child to participate in Kids Kamp and to the fullest extent permitted by law, I agree to hold harmless the Hampshire County Sheriff's Office & Hampshire County Parks & Recreation, and their officers, employees, staff, and volunteers from and against all claims arising out of or resulting from my child's participation in Kids Kamp. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. In addition, I hereby voluntarily hold harmless the Hampshire County Sheriff's Office & Hampshire County Parks & Recreation, and their officers, employees, staff, and volunteers from any and all claims, both present and future, which may be made by my child, me, my family, estate or heirs.

I hereby expressly agree to hold harmless the Hampshire County Sheriff's Office & Hampshire County Parks & Recreation, their officers, employees, staff and volunteers for any claim arising out of or incident to my child's participation in Kids Kamp, unless caused by the direct and sole negligence or willful misconduct of any of the above.

I understand that, although there will be emergency medical personnel on site for the duration of Kids Kamp, there are no facilities to care for ill children. I agree to keep myself readily accessible to pick up my child immediately when notified by Kids Kamp staff that my child is ill and can no longer participate in Kids Kamp

I have read and understand this Acknowledgement of Risk and Hold Harmless.

Name of Parent / Guardian (PLEASE PRINT)

Signature of Parent / Guardian

Date

Child Will Abide By Rules & Regulations:

My child agrees to abide by all Kids Kamp and Hampshire County Parks & Recreation regulations while attending Kids Kamp and will comply with all Kids Kamp staff instructions. My child understands that violation of the rules and regulations is grounds for immediate dismissal from Kids Kamp. Furthermore, any illegal activity such as weapons, drugs, alcohol or violence will be dealt with on a criminal level as well.

Signature of child

Signature of Parent / Guardian

Permission to Use Photograph or Likeness:

I hereby give permission to the Hampshire County Sheriff's Office to use my child's photographic or video image, in whole or in part, for Kids Kamp specific public information and marketing activities at the discretion of Hampshire County Sheriff's Office.

Signature of Parent / Guardian

Permission to Participate in River Float Event:

I am hereby giving permission for my child to participate in a short float trip via inner tubes or canoe on the South Branch River, if scheduled. I understand this event will be heavily staffed and overseen by certified lifeguards. My child will be required to wear a life vest, no matter their swimming ability. Life vests & inner tubes will be provided. My child will need to bring an extra set of old shoes to wear in the river. Sandals and flip flops are not acceptable.

Signature of Parent / Guardian

Permission to Participate in Swimming Pool Events:

I hereby give permission for my child to participate swimming in the pool and/or beach area. These events will always have at least one lifeguard on duty, depending on the number of children in the pool. If my child can swim, they will be required to pass a swim test to be allowed in the deep end of the pool. This test is administered by the certified lifeguard.

Signature of Parent / Guardian

**Hampshire County Sheriff's Office
Kids Kamp Covenant**

The following standards of behavior exist to provide for a safe community experience.

1. I agree that I shall not possess, use or be under the influence of illegal drugs or alcohol.
2. I agree that I shall not possess or use tobacco products at any time, including vape devices.
3. I agree that I shall not enter sleeping area of the opposite sex.
4. I agree not to possess, or use firearms, knives, fireworks, or other weapons of any kind.
5. I understand that acts of violence and aggression will not be tolerated.
6. I understand that the physical property of the facility and the property of each person at any event will be respected.
7. I understand that sexual misconduct, sexual explicit communications or sexual harassment will not be tolerated.
8. I agree to abide by the set curfew and will not leave my cabin without a counselor or adult's permission after curfew.
9. I understand that boundaries are established to ensure my safety while at this event, and I will respect the boundaries set forth.
10. I understand that if I choose not to comply with any of the above standards, my parents will be notified and I will be sent home immediately.
11. I agree that I will not possess or use any electronic device, including a cellular phone or smart watches, during my time at Kids Kamp.

This covenant helps provide for the physical, emotional, spiritual safety of the whole community. Violations will be dealt with in an immediate and appropriate manner, by the Kids Kamp Director & Sheriff's Office Personnel.

Possible consequence for serious or repeated offenses may include, (but not limited to), notification of parents and being sent home immediately. By signing this covenant, the participant states that he or she has read, understands, and agrees to abide by this covenant.

Camper Signature _____.

Parent Authorization

I hereby make application for enrollment of my child at Hampshire County Sheriff's Summer Kids Kamp Program subject to the conditions set forth in this contract.

Parent Signature _____

**All medication
must be in
original bottles**

**NOTE: This information will only be shared on a need-to-know basis,
and only with those responsible for camp & special activities.**

**Hampshire County Sheriff's Department Kids Kamp
HEALTH AND MEDICAL RECORD**

Camper's Name _____ Date of Birth _____

In Case of Emergency, Notify:

Name _____ Relationship _____

Address _____

Home Phone _____ Daytime Phone _____

In the event the above person cannot be reached, give backup contact:

Name _____ Relationship _____ Phone _____

HEALTH HISTORY *(to be completed by parent/guardian)*

Any allergies (food, bee stings, etc.) or reaction to any medication? No _____ Yes _____

List: _____

Any condition now requiring regular medical treatment or ongoing medication? No _____ Yes _____

List: _____

List medications camper will need to take during camp.

Medication: _____ Dosage: _____ Frequency: _____

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Any restriction of activity for medical reasons) No _____ Yes _____

Explain: _____

Is this person currently or have they recently undergone counseling or therapy? No _____ Yes _____

State reason for treatment: _____

Counselor's Name & Phone Number: _____

Has this person had more than a brief minor illness or injury during the past year? No _____ Yes _____

List & explain: _____

State history of any serious illness / Injury/hospitalization:

Has there been any major change in the family's situation in the last year? No _____ Yes _____

Explanation: _____

HAS THIS PERSON HAD: *(please place mark in appropriate column)*

	Now	Past	Never		Now	Past	Never
Asthma/Sinus Trouble	___	___	___	Bed Wetting	___	___	___
Earache/Ear Infection	___	___	___	Sleep Walking	___	___	___
Severe Stomachaches	___	___	___	Seizures	___	___	___
Fainting Spells	___	___	___	Frequent Diarrhea	___	___	___
Menstrual Problems	___	___	___	High/Low Blood Pressure	___	___	___

Is there anything else you would like the camp to be aware of?

List: _____

PARENT'S AUTHORIZATION

(Required for those under 18 years of age)

To the best of my knowledge this health history is correct. Except as noted on this form my child as named above has my permission to engage in all prescribed activities. **In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.**

Can we give your child over-the-counter medication? Yes _____ No _____

Signature (Parent/Guardian) _____

MEDICAL INSURANCE INFORMATION

Do you have medical insurance coverage? Yes _____ No _____ If so, please supply the following information:

Name & Address of Insurance Company _____

Name & Address of Insured Person _____

Hampshire County Sheriff's Department
"KIDS KAMP" REGISTRATION INFORMATION

Registration Donation Information:

In order for "Kids Kamp" to operate, it takes funding from many different sources. In the past this has mostly come from community donations.

We are requesting that each camper give a \$25.00 donation to offset part of the costs for operation of "Kids Kamp". Actual operation cost for the weekend will be in the thousands of dollars. This small donation will help with some of the expenses incurred for t-shirts, food and facilities. This donation is not mandatory for attendance.

Please include this payment in the form of a check or money order and send with your application. Be sure to include your child's name on the memo portion of the check.

Make checks payable to "**Hampshire County Sheriff's Office**"

Donations are non-refundable.

**** Please fill out the information below in regards to the donation you are enclosing:**

Camper's name: _____ Amount Enclosed: _____

Check or money order #: _____

Hampshire County Sheriff's Office
KIDS KAMP 2024
Important Information

(Detach & Keep This Page)

Registration Checklist: (check this prior to sending application)

- Registration application **COMPLETELY** filled out.
- All areas that the camper must sign are completed & signed
- All areas that the parent / guardian must sign are completed & signed
- Health & Medical Record **COMPLETELY** filled out
- Donation of \$25.00 per child enclosed with application
- Application must be sent, or dropped off, to the address on the bottom of this page.

What you need to know AFTER your application is sent:

If you know in advance that your child will be absent from Kids Kamp, please notify us immediately so that we may put someone in their place.

As camp time nears, our Facebook page & website will detail the items that your child will need to bring and also a list of items that your child will not be allowed to bring.

Hampshire County Sheriff's Office
Kids Kamp 2024
Held at Hampshire Park
240 Hampshire Park Drive
Romney, WV
(Off of South Branch River Road)

June 2, June 3 & June 4

Registration is from 4:00pm – 5:00pm on Sunday
Pick-up time is Tuesday at 6:00 pm

Return completed applications to:
Hampshire County Sheriff's Office
KIDS KAMP APPLICATIONS
66 North High Street Rm 2
Romney, WV 26757

APPLICATION DEADLINE:
May 10, 2024 at 4:00pm