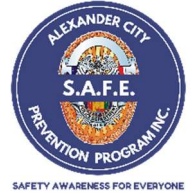




Alexander City Police Department and S.A.F.E. Prevention Program Inc.
Presents

S.A.F.E. Youth Summer Camp



2024 Session 1
June 25th -June 26th

Participant Information

Name: _____ Date of Birth: _____ Age: _____

School: _____ Grade: _____ T-shirt Size: (Youth/Adult) _____

Home Address: _____ Male Female

Parent/Guardian(s)

Mother Father Email: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State: _____ Zip: _____ Cell Phone: _____

Emergency Contact (If parent/guardian(s) above be reached.)

Name	Relationship	Telephone

Confidential Medical Information

Is your child under a physician's care now? Yes No

Have you ever been medically advised not to allow your child to play sports? Yes No

List any allergies, physical disabilities, required medication or other needs your child may have:

Name of Physician: _____ Phone: _____

I agree in case of an emergency, that my child can be transported to the hospital: Yes No

Activities in which the child cannot participate: _____

I/We have insurance coverage on my/our participating child that will be in effect for the duration of the programs(s) indicated above with:
Insurance Company: _____

Agreement and Release

Permission

I/We, the parents(s)/guardian(s) of the child named in the Participant section above do hereby give permission for my/our child to participate in the S.A.F.E. Youth Summer Camp.

Drop-off and Pickup

I/We, the undersigned, understand I/We am responsible for dropping off my child by 9:30 a.m. and I will pick up my child no later than 2:30 p.m. each day of the camp. If a child is to leave early, arrive late or miss a day, call the police department at 256-329-2470 to report this information.

Photo and Video

I/We, the undersigned, hereby consent to the use of my/our child's photograph/video image/digital image in any website/brochure/publication/video produced by the City of Alexander Police Department. I/We understand that this is on a voluntary basis and we will not be compensated for the use of the images.

Participation & Emergency Treatment

I/We confirm the health information provided above is true and correct to the best of my/our knowledge and give permission for the child to participate fully in the camp except as noted under the Confidential Medical Information section above. I understand an effort will be made to contact me in an emergency, but if no one can be reached, I give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above. I will notify the program director if my child is exposed to any communicable disease during the three weeks prior to camp attendance.

Code of Conduct.

I/We have reviewed the Code of Conduct with my/our child and he/she understands and agrees to abide by the rules as outlined above. It is understood that any violation of these rules may result in the removal from the program. I/We agree to report to pick up my/our child if he/she is removed from the program.

Waiver and Release

I/We recognize that the activity for which I/We am registering my child/participant involves a risk of injury, as does any athletic activity. I/We waive and release any and all rights and claims for injury or damages resulting from this event or any equipment used by members of this event. I/We agree to hold harmless the City of Alexander, the Alexander City Police Department and all volunteers and camp staff members for any and all injuries suffered by me or my child while participating in this activity. I/We also agree to hold harmless all the above for any damage to my personal property related to my or my child's participation in this event.

Agreement and Release

I/We agree to all conditions, agreements and rules listed in the forgoing form and acknowledge that I/we have read all portions of this application.

PARENT/GAUARDIAN: (Print Name) _____

SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN