

SHINING STAR CAMP 2018
WAIVER OF LIABILITY FORM

In consideration of my child's participation in this activity, I _____ (parent/guardian name printed) hereby release and discharge the Baldwin County Sheriff's Office, Baldwin County Public School's employees and staff to include staff from Baldwin County High School, Fairhope Intermediate School, Rockwell Elementary School, Central Baldwin Middle School, any city or county employee or any selected volunteer, presenter, or any individual Deputy Sheriff/ or Police Officer from any and all liability arising from accident, injury or illness that (he/she) may suffer as a result of participation in this program. I understand that I do not have to sign this waiver, but by not doing so my child will not be able to participate in the program.

(Child's name printed)

(Parent/Guardian signature)

(Parent/Guardian name printed)

(Date)



**Application and
Information Packet**

SHINING STAR CAMP 2018

GENERAL INFORMATION



Instructors: Baldwin County Sheriff's Office and invited guests

Location: Rockwell Elementary School, and Baldwin County High, Central Baldwin Middle, Fairhope Intermediate

Camp Capacity: 100 per camp (only 1st 100 applications will be accepted)
Fee: \$30.00 per child, includes 3 shirts and a meal on family day.

Rockwell Elementary School

<u>Day</u>	<u>Dates</u>	<u>Time</u>
Wednesday	June 13	8:00 – 4:00
Thursday	June 14	8:00 – 4:45
Friday	June 15	8:00 – 4:00

Baldwin County High School

<u>Day</u>	<u>Dates</u>	<u>Time</u>
Wednesday	July 18	8:00 – 4:00
Thursday	July 19	8:00 – 4:45
Friday	July 20	8:00 – 4:00

Central Baldwin Middle School

<u>Day</u>	<u>Dates</u>	<u>Time</u>
Wednesday	July 25	8:00 – 4:00
Thursday	July 26	8:00 – 4:45
Friday	July 27	8:00 – 4:00

Fairhope Intermediate School

<u>Day</u>	<u>Dates</u>	<u>Time</u>
Wednesday	August 1	8:00 – 4:00
Thursday	August 2	8:00 – 4:45
Friday	August 3	8:00 – 4:00
Saturday	August 4	9:00 – 1:00

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MEDICAL INFORMATION/AUTHORIZATION FORM

Child's Name: _____ DOB: _____

Address: _____ Phone: _____

Parent's email address: _____

Emergency Contacts/Check out list (besides parents)

1. Name: _____ Phone: _____ Relation to child: _____

2. Name: _____ Phone: _____ Relation to child: _____

Doctor's Name: _____ Phone: _____

Clinic or Hospital Preference: _____

Are you allergic to horses: YES NO

IMMUNIZATIONS

DPT Series _____ booster _____ Tetanus _____ Polio OPV (Sabin) _____ booster _____

PHYSICAL CONDITIONS

Ear Infections _____
 Rheumatic Fever _____
 Convulsions _____
 Diabetes _____
 Heart Problems _____

ALLERGIES

Hay Fever _____
 Poison Ivy, etc. _____
 Insect Stings _____
 Penicillin _____
 Sulfa Drugs _____

DISEASES

Chicken Pox _____
 Measles _____
 German measles _____
 Mumps _____
 Asthma _____

Other health problems not listed that prevents physical activity:

Any medications currently being taken? Yes or No specify: _____

*** Please take notice that the Baldwin County Sheriff's Office Shining Star Camp is staffed by volunteer staff members from our agency. We are not able to assign staff members to each individual camper to meet one-on-one supervision needs. Therefore, any camper that possesses any prospective behavioral issues or requires closely monitored one-on-one supervision must be accompanied by that applicant's guardian at all times. The guardian must also pass a criminal background check to accompany the camper and must be present at all times to care for the camper. One-on-one supervision needs or behavioral issues must be disclosed to the camp director upon submission of the application. Failure to do so may result in refusal of admittance. ***

HEALTH INSURANCE

Company Name: _____ Policy # _____ Group # _____

The health history on this form is correct so far as I know; the child described herein has permission to engage in all program activities, except as noted by me and/or recommended by our physician.

Signature _____

SHINING STAR CAMP 2018

IMAGE/VIDEO RELEASE & TRANSPORT AUTHORIZATION

IMAGE/VIDEO RELEASE

By allowing your child to participate in the Baldwin County Sheriff's Office Shining Star Camp you are giving the Baldwin County Sheriff's Office exclusive rights to all images &/or video captured of your child while participating in Camp activities. The Baldwin County Sheriff's Office has the right to print, publish and/or share any images &/or video of your child.

Parent/Guardian Signature: _____

Date: _____



Follow Baldwin County Sheriff's Office School Resource on Facebook!

AUTHORIZATION TO TRANSPORT

By allowing your child to participate in the Baldwin County Sheriff's Office Shining Star Camp you are giving the Baldwin County Sheriff's Office permission to transport your child via bus to any facility or event deemed part of the camp activities. Please note proper pick up times and locations for each day and they are subject to change. Rockwell, Central Baldwin, and Fairhope campers will be bused back to school campuses for pick-up by 4:45pm. Baldwin County High campers will pick up at Strike City Lanes in Bay Minette no later than 4:45.

Parent/Guardian Signature: _____

Date: _____

****Camper may bring no more than \$10 for snacks and/or video games on Bowling / Skating Day. Each Camper is to keep up with their own money. The Baldwin County Sheriff's Office is not responsible for lost or stolen money.****



The Baldwin County Sheriff's Office Shining Star Camp is a program established to promote a positive interaction between the Baldwin County Sheriff's Office and the children of our county ages 8 through 13. The purpose is to build life skills, instill confidence and develop self-esteem. The curriculum will include a wide range of activities that will incorporate teamwork, physical fitness, public safety familiarization, and safety courses. It will include a collaborative effort by several agencies throughout Baldwin County to help supply our youth with the knowledge in a fun and safe environment in hopes of making them more productive young men and women. We will emphasize the importance of physical and mental fitness and teach good citizenship. The Sheriff's Office strives to provide a positive learning experience for children during their summer break. The program is structured to be fun, informative and challenging.

Applications may be picked up at all Baldwin County Sheriff's Office locations or downloaded online at the Baldwin County Sheriff's Office website, <http://sheriff.baldwincountyal.gov>. The **application deadline for each camp and application drop off location is as follows:**

- **Rockwell Elementary, June 6th @
Robertsdale Sheriff's Office Annex II (Regions Bank , 2nd floor)**
- **Baldwin County High, July 11th @ Main Sheriff's Office**
- **Central Baldwin Middle, July 18th @
Robertsdale Sheriff's Office Annex II (Regions Bank , 2nd floor)**
- **Fairhope Intermediate School, July 25th @
Fairhope Sheriff's Office**

Applications can be mailed with the \$30.00 fee to the Baldwin County Sheriff's Office, Attention Ms. Tracey Jones, 310 Hand Avenue Bay Minette Alabama 36507. Please make checks payable to the Baldwin County Sheriff's Office Foundation. Questions? Call Tracey Jones at (251) 972-6890.

SHINING STAR CAMP 2018

RULES & RESPONSIBILITIES

The Baldwin County Sheriff's Office Shining Star Camp is a program established to promote a positive interaction between the Baldwin County Sheriff's Office and children ages 8 through 13 years. Listed below are rules and responsibilities of the camp participant. Participants are expected to follow all the rules all of the time.

Clothing for Camp:

1. Shoes should be appropriate for athletic activity (no open toed shoes)
2. No hats/caps.
3. Clothing should be free of the following:
 - A. liquor, cigarette or drug messages
 - B. language or images which are offensive to any group of people
 - C. death or satanic images
4. No excessively saggy or baggy clothing or attire that may suggest gang affiliation.
5. Jewelry is discouraged.
6. Clothing should be comfortable and appropriate length for the weather and physical activities. (no short-shorts)

What to bring to Camp:

1. Brown bag lunch for **each day**
2. Camp T-shirt **REQUIRED** each day, including family day
3. Medication if required
4. While cell phones are not prohibited from camp, we ask they only be used for emergency circumstances. However, **no** iPods, MP3's, or other electronic devices are allowed at camp.

ATTENTION PARENTS:

ALL CAMPERS MUST BE SIGNED IN AND OUT EACH DAY. We ask you to please be mindful of start and finish time each day. All kids should be picked up no later than 15 minutes after end of camp each day. Also, in reference to Family Day (Fairhope Intermediate); each camper must be accompanied by an adult at all times. This is to ensure the camper's safety as well as promote family time for you. More detailed camp rules will be given to participants during the introduction period of the first day. The camp coordinators will contact the parents and remove participants that demonstrate a lack of cooperation, uncon-trollable or disruptive behavior.

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APPLICATION

Today's Date _____

Child's Name: _____ Phone # _____

Address: _____ City: _____ Zip: _____

DOB: ____ - ____ - ____ Age: _____ Gender: _____

Name of School: _____ Grade: _____

Parent (or Guardian #1) Name: _____

Address: _____ City _____ Zip: _____

Home phone # _____ Work phone # _____ Other _____

Parent (or Guardian #2) Name: _____

Address: _____ City: _____ Zip: _____

Home phone # _____ Work phone # _____ Other # _____

Circle child's desired shirt size: Youth - S M L Adult - S M L XL 2X

Shirts must be picked up the morning of camp . Camp Shirts are REQUIRED to be worn to attend the camp. This is also used as a safety measure during the camp to determine campers present. Therefore, please allow for an extra 30 minutes to drop off your child the first morning of which ever camp your child is attending. They will receive three shirts and can change at camp:

Please check below which camp(s) you would like to attend.

_____ Rockwell Elementary School

_____ Baldwin County High School

_____ Central Baldwin Middle School

_____ Fairhope Intermediate School

_____ \$30 App fee \$ _____ TOTAL PAID

Parent/Guardian Signature

Date: