

Clinton Police Club
Summer Camp Registration Form
July 27, 2026- July 31, 2026
Ages 9-12

Child's Last Name First Name Middle Name Age Sex Birthdate

T-Shirt Size : Youth Small Youth Medium Youth Large Youth X-Large (Circle One)

Parent/ Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Address: _____

Parent/Guardian Employer: _____

Parent/Guardian Employer Address: _____

Pick Up Information: (If you are picking up and dropping off place an NA in the field)

Pick Up Address: _____

Drop Off Address: _____

STATEMENT OF VERIFICATION, SWIMMING ABILITY AND FIELD TRIP AUTHORIZATION

_____ I have received and completed the Emergency Contact and Medical Information Form for my child.

_____ I have received and completed the Release of Liability form for my child.

_____ My Child (circle one): CANNOT SWIM/ CAN SWIM A LITTLE/ CAN SWIM WELL

_____ I give permission for the City of Clinton to transport my child for summer camp field trips.

_____ I give permission for the City of Clinton to use, for any legitimate use, any photographs, motion pictures or recordings of my child's participation in this activity.

Parent/Guardian Signature

Date

Clinton Police Summer Day Camp Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
()	()
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Primary Insurance Company	Policy ID Number	Additional Insurance Company	Policy ID Number
Hospital/Clinic Preference			
Physician's Name	Phone Number		
Insurance Company	Policy Number		

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
Parent's/Guardian's Signature	Date
Witness Signature	Date

Clinton Police Department Summer Camp Release of Liability Form

RELEASE OF LIABILITY

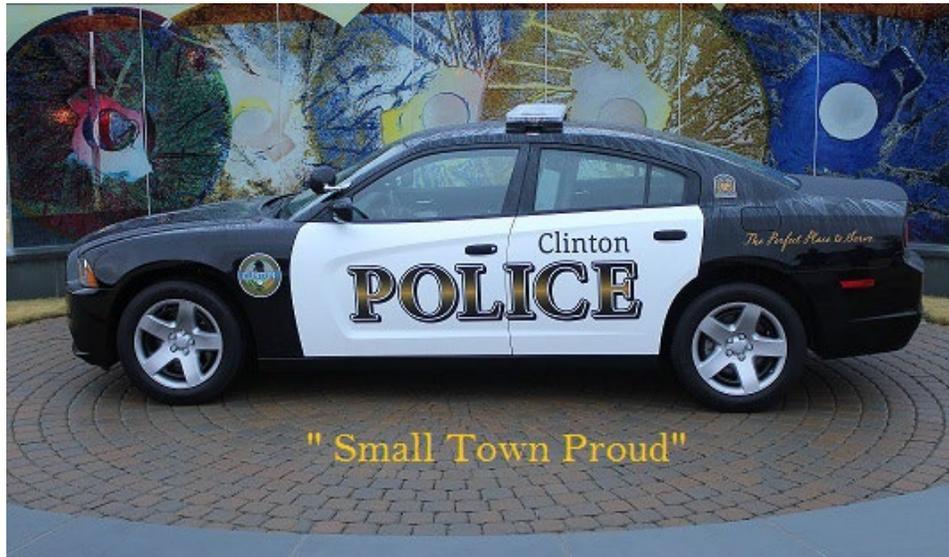
In return, for the opportunity to participate in this program I agree, for myself, my heirs, assigns, executors and administrators, to release, absolve, indemnify, and hold harmless the City of Clinton, it's employees, agents or assigns and agree to waive any legal rights I may have to seek payment from the City of Clinton, it's employees, agents or assigns for bodily injury, death, or other loss resulting from this program and to release absolve, indemnify, and hold harmless the City of Clinton, it's employees, agents or assigns from any liability for damages resulting from the injury, loss or death.

Circle: Parent (Mother/Father)/Guardian Signature

Date

Circle: Parent (Mother/Father)/Guardian Signature

Date



Clinton Police Department
Summer Day Camp Additional Information

1. Participants should wear clothing appropriate for camp activities.
2. Close-toed shoes, appropriate for sports and vigorous activity are strongly suggested.
3. The participant's name should be written on all items brought to camp.
4. Valuables, such as radios, cell phones, MP3 devices, hand held electronic games, jewelry, or other items should not be brought to camp. Camp staff and city employees will not hold any personal items for campers and are not responsible for the loss or damage of such items.
5. Camp hours are from 8:00 a.m. – 3:00 p.m.
6. **All Camp participants must be present on first day of camp.**

Drop off and Pick Up Location

Bellamy Recreation Center
500 Pierce St, Clinton, NC 28328