

Email completed application to
vfailor@greenvillecounty.org

or

mail to: Marcus Whitfield Camp,
C/O Greenville County Sheriff's Office
2 Space Drive, Taylors, SC 29687

Marcus Whitfield Youth Camp

July 8, 2019 thru July 12, 2019

"Why Not"

Name of Camp participant _____

_____ Male _____ Female Date of Birth _____ Current age _____

School child will attend _____

Grade level as of August 2019 _____ T-shirt size _____ (T SHIRTS ARE ADULT SIZES)

Parent or Legal Guardian name _____

Address _____ City _____ Zipcode _____

Phone (daytime) _____ cell _____ evening _____

e-mail address: _____

Emergency contact during camp hours: Name _____

Phone _____

Who will be picking your child up from camp? _____

Is there anyone that is NOT allowed to pick your child up from camp?

If so, who? _____

Is your child taking any medication? Yes _____ No _____

Will this medication need to be given to your child during camp? Yes _____ No _____

If so, what medications and dosage instructions: _____

ALL KNOWN ALLERGIES: *NOTE: We really need to know about food allergies*

Does your child have any physical limitations that would prevent him/her from safely participating in camp activities? Yes/No *Note: Camp is physically demanding, if your child has a medical condition we should be aware of, please specify about it ie: asthma, diabetic, etc.

If yes, please list _____

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Insurance Policy name and Number or Medicaid number (please specify)

Date of last tetanus shot _____

Who is your child's school resource officer? _____

On the back of this application, please indicate why you believe your child will benefit from the camp.

Camp Rules

Appropriate dress is required: no tank tops, no flip flops, no sandals and no short shorts

Tennis shoes are required for all activities

No cell phones, iPods, PSP's, pagers or any electronic devices will be allowed. If you need to make a call, one of the staff will assist you.

No profanity, disrespectful talk, fighting or "attitude" will be tolerated

Any clothing, hand signs, drawings, etc. that are gang related or APPEAR to be gang related will result in immediate discipline and possible dismissal from the camp

**I HAVE READ AND AGREE TO ABIDE BY THE ABOVE RULES FOR THE
MARCUS WHITFIELD YOUTH CAMP**

CAMPERS SIGNATURE _____

GUARDIAN SIGNATURE _____

Non-Swim Waiver

If you **DO NOT** want your child participating in any water activities,
(swimming pool etc) please complete the information below.

There will be other activities for the non-swimmers

Camper's name: _____

Parents Name _____

MARCUS WHITFIELD YOUTH CAMP 2019

‘Why Not’

Permission and Liability Form

PLEASE READ THE FOLLOWING CAREFULLY AND RETURN WITH THE CAMP APPLICATION!!

I give my child permission to travel under the supervision of one or more persons authorized by the Greenville County Sheriff’s Office and the Marcus Whitfield Youth Camp. I understand that my child may travel in a vehicle authorized by the camp and engage in various physical activities. I hereby release the Greenville County Sheriff’s Office and its staff, agents and employees of sponsoring organizations from any and all liability.

I, the parent/guardian of _____, do hereby certify that my child is mentally and physically able to participate in the camp activities. In case of an accident or illness, I hereby authorize the director of the Marcus Whitfield Youth Camp, or an authorized representative thereof, as agent for the undersigned, to consent to any medical or dental aid (including but not limited to x-ray examination, anesthetic injection, medical or surgical diagnosis, treatment and/or hospital care) which are deemed necessary by the treating physician, staff and or hospital personnel. I give permission for the director of an authorized representative, to assist the child with self administrations of prescribed medications when necessary. All parties understand the child or guardian must provide all medications.

I hereby state the Marcus Whitfield youth Camp or the Greenville County Sheriff’s Office are NOT responsible for any pre-existing injury or reoccurrence of any undisclosed injury of illness of the above individual prior to the first day of the Marcus Whitfield Youth Camp.

I will allow my child’s image or likeness to be used without compensation in any or all photographs, videos or any other electronic media for the Marcus Whitfield youth Camp promotional purposes.

Parent or Legal Guardian—PLEASE PRINT

Signature of Parent or Legal Guardian

DATE:
