



**THE FORT BEND COUNTY SHERIFF'S OFFICE
PROUDLY PRESENTS OUR 22nd ANNUAL**

Kids & Cops Summer Camp 2019!!

The camps will be held **Monday through Thursday, 8:00 a.m. to 4:00 p.m.** Students participating in the camp will enjoy team competitions, a day of fun at **Main Event** and an exciting trip to **Typhoon Texas Waterpark** in **Katy** as well as other great activities!!

The cost for the camp is only \$80.00 and will include lunch Tues-Thurs, drinks and snacks each day, a camp T-shirt, a team bracelet, souvenir cup and sunglasses, cost for the field trips, and other camp activities. **This camp is open to students ages 10, 11, and 12. Students must be 10, 11, or 12 on the 1st day of the camp they are enrolled in.**

The camp dates and locations as follows (*please note that LCISD will still be in service during Camp 1*):

<u>Camp #1: June 3-6</u>	FULL	Fort Settlement Middle School	5440 Elkins Rd., Sugar Land
<u>Camp #2: June 10-13</u>	FULL	Briscoe Junior High School	4300 FM 723, Richmond
<u>Camp #3: June 17-20</u>	FULL	Bowie Middle School	700 Plantation Dr., Richmond
Camp #4: July 8-11		Needville High School	100 Fritzella St, Needville
<u>Camp #5: July 15-18</u>	FULL	Bowie Middle School	700 Plantation Dr., Richmond
Camp#6: July 22-25		Hodges Bend Middle School	16510 Bissonnet, Houston
Camp#7: July 29-Aug 1		Lake Olympia Middle School	3100 Lake Olympia Pkwy, Missouri City
Camp#8: Aug 5-8		Reading Junior High School	8101 FM 762, Richmond

The camps will be filled on a first come first served basis with only 60 students per camp, so make your choice and mail this form along with your payment **as soon as possible**. Please choose which camp you would like your child to attend and mark your selection below. Every effort will be made to place your child in your first choice. However, if that camp is full, he/she may be placed in your alternate selection. If your child secures a spot in a camp, you will receive an email stating which camp, along with additional information. If we are unable to place your child in a camp due to capacity limits, you will receive notification with a full refund or placed on a waiting list. Any questions, feel free to call (832)473-2862 or e-mail us at roger.barton@fortbendcountytexas.gov. For additional copies of this application, go to our Kids & Cops website at www.fortbendcountytexas.gov/kidsandcops. The applications can be found in the **Forms Library**.

1st choice - Camp # _____ 2nd choice - Camp # _____ 3rd choice - Camp # _____

(YOU MAY ATTEND ONLY ONE CAMP & FULL ATTENDANCE IS STRONGLY ENCOURAGED)

Student name _____ Age _____ Male / Female (circle)

Address:

Street _____ City _____ Zip _____
Hm phone _____ Cell phone _____ Wk phone _____

**** Please Circle Tshirt Size: (Youth L, Adult S, Adult M, Adult L, Adult XL) Kids will be required to wear their camp shirt every day. If you would like to purchase an extra shirt, please indicate here and add \$10 to your tuition payment. _____ Yes, I would like to add an extra tshirt. _____ No thank you.**

Please make your check or money order payable to: **Fort Bend County Kids & Cops, Inc.**

Send this application along with payment to:
Fort Bend County Kids & Cops, Inc.
1410 Richmond Pkwy, Richmond, TX 77469

NOTE: *This form must be completed front and back and signed before the named participant can be assigned to the program. Please return form along with your payment.*





ACCIDENT WAIVER/MEDIA RELEASE

Participant's Name

Date of Birth

Address

Home Phone

City, Zip Code

Business/Cell Phone

****Email**

****Please print clearly. All confirmations will be sent by email unless otherwise indicated.**

PARENTS/LEGAL GUARDIAN

I, _____, release the Fort Bend County Sheriff's Office and Fort Bend County Kids & Cops, Inc. from all liabilities or responsibilities pertaining to accidents, injuries, or complications resulting from activities, or while transporting participants to activities.

I authorize the Fort Bend County Kids and Cops Summer Program leadership to transport the above named participant to the nearest hospital, by ambulance or other emergency vehicle, in case of injury or suspected injury, while the participant is involved in the Summer Program activity.

I authorize the hospital's attending physician to administer necessary emergency professional medical care to the above named participant upon his/her arrival at the hospital.

I understand that while student safety is a high priority under the state law, the Fort Bend County Sheriff's Office and Fort Bend County Kids and Cops, Inc. is not responsible for medical costs associated with a student's injury.

Media Release: I give permission to the Ft. Bend County Sheriff's Office, local television stations, and local newspaper to utilize my child's photo in media releases, Ft. Bend Kids & Cops website and Facebook page, and news broadcasts regarding the Kids & Cops summer camp program.

PARENT'S SIGNATURE _____ DATE _____

**Cancellations received 7 days prior to the start of camp will receive a full refund. No other refunds will be given.*



**Fort Bend County Kid & Cops Summer Camp
Medical Consent/Release Form**

I give my permission for my child, _____ to attend the Fort Bend County Kids and Cops Summer Camp sponsored by the Fort Bend County Sheriff's Office. To my knowledge, my child does not have any medical problems or conditions that would prevent participation in any program activities. I release Fort Bend County Kids and Cops, Inc. and all other camp sponsors of any and all liability for any injuries that might occur. I understand that every reasonable precaution will be taken to protect my child's safety and well being while he/she is participating in camp activities.

I understand it is my responsibility to check with my private physician regarding any existing medical problems that my child might presently have that would be a deterrent to his/her participating in the physical aspects of the program. I will inform the staff at camp of any medical problems my child has at the present.

In the event of a medical emergency related to my minor child (listed below), I hereby request Fort Bend Kids & Cops, Inc. to contact me at the telephone number listed below. In the event that I, or my spouse, cannot be contacted, I hereby give my written consent to any hospital, to render whatever emergency medical treatment necessary, until I, or my spouse, can be contacted.

Please complete all of the following information and sign below:

NAME OF CHILD _____
DATE OF BIRTH _____ AGE _____
MEDICATIONS BEING TAKEN _____
ALLERGIES _____
SPECIAL MEDICAL PROBLEMS _____
DATE OF LAST TETANUS SHOT _____
CHILD'S HOME ADDRESS _____
HOME PHONE # _____ PARENT'S WORK# _____
CELL PHONE# _____
CHILD'S PHYSICIAN _____ PHONE # _____
MEDICAL INSURANCE CO. _____ POLICY # _____

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT:

PARENT OR LEGAL GUARDIAN (print) _____

Signature of parent or guardian
Date _____

Relationship to minor