

Carteret County Sheriff's Office

Sheriff's Safe Summer Program



Application

First Name _____ Last Name _____ Middle _____

Date of Birth _____ Age _____ School Attending _____

Parent(s) Name(s) _____

Home Address _____

Home Phone _____ Cell _____

Parent Email _____

Shirt Size _____

Medical Concerns/Allergies/Prescriptions _____

*Please make checks payable to Carteret County Sheriff's Office and mail your application to 304 Craven St. Beaufort, NC 28516. Please contact Lt. Fred Meadows if you need more information at 723-0940.
Spaces are limited.

Liability Waiver/ Release Form

I, the participant, or parent/guardian of the participant, assume all risks of my child or my child's participation in the Sheriff's Safe Summer Camp. I agree to release and hold harmless any personnel involved in this activity to include Fred Meadows, Franklin Rice, the Carteret County Sheriff's Office, the Carteret Parks and Recreation Department and staff as well as any other affiliated persons from any and all liability for any accident or injury whatsoever that may result from participation of the above named child in any activity sponsored by or associated with Sheriff's Safe Summer Camp 2009. I agree to release the above named to any loss of the participant's personal property. This waiver and release form extends to all claims of any kind. **I have read the above and certify my agreement by my signature below.**

X _____ Date _____
(Signature of Parent/Guardian)