



Please mail application to:  
Richland County Sheriff's Department  
SRO Division Attn: Deputy Chanell Laws  
5623 Two Notch Rd  
Columbia, SC 29223

## Richland County Sheriff's Dept. Stars of Tomorrow Summer Camp 2018

**\*\* Parents: There is a \$50 fee to attend this two-week camp. Please send or email (claws@rcsd.net) in your application and money must be paid on the first day of camp. No personal checks, please. Cash or money order only.**

**Student's Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian & Relationship:** \_\_\_\_\_

**Camp/School your child will be attending:** \_\_\_\_\_

### Release of Liability

This is to certify that I, \_\_\_\_\_ desire for my child \_\_\_\_\_ to participate in the Richland County Sheriff's Department Star of Tomorrow scheduled at the \_\_\_\_\_ between the dates of \_\_\_\_\_ and \_\_\_\_\_.

I, being of sound mind, hereby release the Richland County Sheriff's Department and all of its partners, including Richland School District One, Richland School District Two, and Lexington-Richland School District Five, and their agents and employees, from any and all liability and/or consequences arising from my request to allow my dependent(s) to participate in the aforementioned activity associated with the Richland County Sheriff's Department Summer Camps. I hereby sign this release entirely on my own volition, without any threats, coercion, or encouragement from any agent of the Richland County Sheriff's Department.

\_\_\_\_\_  
Sign and Date



# Stars of Tomorrow REGISTRATION FORM

**Student's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number: (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Emergency Contact:**

**Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Please list any medical conditions for your child. Does your child require any medications for the condition (such as allergies, asthma, etc.)? If so, you need also to include dosage, and give permission for deputies to administer if need. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From time to time, our camps receive media coverage, and there is a possibility that your child could appear on television or in printed media. Please advise us if your child has your permission to appear in such coverage.

My child HAS \_\_\_\_\_ permission. My child DOES NOT HAVE Permission \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_