



NEW BERN POLICE DEPARTMENT

2019 PAC-TEAM SUMMER CAMP

“POLICE AND CHILDREN TOGETHER EVERYONE ACHIEVES MORE”

For children ages 8-12 years old

* * * Time: 8:00 am – 3:30 pm * * *

Sessions are Monday–Friday

Session 1	-	June 17-21 Autism Camp only
Session 2	-	June 24-28
Session 3	-	July 8-12
Session 4	-	July 22-26
Session 5	-	July 29- Aug 2
Session 6	-	August 5-9
Session 7	-	August 12-16

7 week sessions:

Activities will include:

- Meet the Mayor and Chief of Police
- Tour and learn history of City hall
- Health and Science Museum in Kinston
- Tour the police department, meet the chief and a K9 demo, bike safety tips
- Rollerland
- Movies
- Team Building Activities
- Gym and fun at the park.
- Bingo
- Swimming at the New Bern Aquatic Center
- Trampoline Park

NEW BERN POLICE DEPARTMENT 2019 PAC-TEAM
SUMMER CAMP, REGISTRATION FORM Ages 8-12

Name of Child

(Last) (First) (Middle) (Nickname)
Age of Child _____ Birth Date: ____/____/____ Gender: M / F (circle one)

Address _____
(Street) (City) (State) (Zip Code)

School and Child is attending _____ Grade _____

PARENT/GUARDIAN Name _____ Home Phone _____

Cell Phone(s) _____ E-Mail _____

Address

(Street) (City) (State) (Zip Code)
Where Employed _____ Business/Work Phone _____

If you cannot pick up your child, please give the names of person(s) to whom the child can be released:

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies? Such as: Food, Drugs, Plants, Animals, Dust, etc.
Be Specific _____

IN CASE OF AN EMERGENCY EMS WILL BE CALLED FOR YOUR CHILD'S CARE:

Name of child's doctor _____ Office Phone _____
Name of child's dentist _____ Office Phone _____
Hospital Preference _____

If neither father nor mother (or guardian) can be contacted, call:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Please indicate which session your child can attend: Please indicate your first choice by placing a "1" in the space provided, and second choice with a "2".

(June 17-21 Autism Only ___) (June 24-28 ___) (July 8-12 ___) (July 22-26 ___)
(July 29- Aug 2 ___) (Aug 5-9 ___) (Aug 12-16)

T-Shirt Size: _____ Youth-S Youth-M Youth-L Youth-XL Adult-S Adult-M Adult-L Adult-XL Adult-2XL
Adult-3XL

I agree that the coordinator may authorize Emergency Medical Service (EMS) to provide emergency care in the event that neither I nor any family members can be contacted immediately.

(Signature of Parent) (Date)

I, as the coordinator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate & appropriate rest & outdoor play.

(Signature of Administrator) (Date)

**NORTH CAROLINA
CRAVEN COUNTY**

**RELEASE FROM LIABILITY AND
HOLD HARMLESS AGREEMENT**

In consideration of the opportunity to participate in Pac-Team 2019, a summer camp in which children ages 8-12 will participate in educational and sports activities organized by the New Bern Police Department ("NBPD"), a department of the City of New Bern, I hereby agree to release, defend, indemnify, and hold harmless the City of New Bern and its employees, agents, police officers, representatives, and public officials, from and against any and all claims, damages, losses, costs, responsibility or liability for personal injury, including death, and damage to or loss of property, whether or not arising from the negligence of the City, that I may incur arising out of the foregoing volunteer activity. I assume all risks associated with my child's participation in this program to be held from _____, 2019 to _____, 2019, including, but not limited to, falls, bodily injury, drowning, contact with other participants, water conditions, effects of the weather (including extreme cold, rain, wind and other weather related conditions), traffic, and all conditions of the geographic locations in which the program is to be conducted, all such risks to be known and appreciated by me. The terms of this agreement shall also be binding as to any other persons, including all family members, heirs, executors, or administrators. I understand this is a binding contract that supersedes any other agreements or representations, and is intended to provide a comprehensive release of liability but is not intended to assert any defenses that are prohibited by law. If any part of this agreement is deemed unenforceable, all other parts shall be given full force and effect. I have carefully read and understand this agreement, and I am aware that by signing this agreement I am waiving certain legal rights, including all right to use.

I have made NBPD aware of any medical conditions, medications, or special needs that my child has that are relevant to my participation in the foregoing volunteer summer camp program.

I sign this agreement of my own free will.

Agreed on this _____ day of _____, 2018.

Print child's full name

Child's date of birth

Address

I, being the parent or legal guardian of a minor under the age of 18 years name above, having read the above agreement and fully understanding its contents, approve of said minor's participation.

Signature

Printed Name

2019 PAC-TEAM SUMMER CAMP

PERMISSION & TRANSPORTATION FORM

We, the undersigned parents or guardians of _____, do hereby certify to the New Bern Police Department that our child is in good health and is able physically to participate in the New Bern Police Department **PAC-TEAM Camp**.

We do give him/ her permission to participate in the above event. We recognize children are occasionally hurt while engaged in ordinary play as well as in events of this type. We therefore specifically authorize the New Bern Police Department personnel, paid or volunteer, to take our child to a doctor or the emergency room of the hospital in the event it should appear necessary, and we agree to pay any medical charges which are incurred.

We assume all risk incidents to our child's participating in this activity, including transportation provided, and further, in consideration of the City of New Bern and the New Bern Police Department permitting our child to participate in this activity, we do hereby indemnify the City of New Bern and the New Bern Police Department against any loss which might be incurred by the City of New Bern and the New Bern Police Department by reason of his/her participation. We hereby waive all claims against the City of New Bern and New Bern Police Department, and if involved in this activity the organizers, the sponsors, or any of the supervisors appointed by them.

DATE _____

Print Name and SIGN _____

Print Name and SIGN _____

Both parents must sign if living in same household. If both parents are deceased, guardian should sign.

2019 PAC-TEAM Parental Consent for Photography

Your son/daughter _____ is participating in the 2019 PAC-TEAM Summer Camp Program. We are requesting parental permission for your child to be photographed for publications regarding the summer camp that may be used for public relations regarding promotion of the program.

I, _____, give my permission for my son/daughter,
_____, to be photographed for publication.

Signature: _____ Date: _____

PAC-TEAM SUMMER CAMP 2019 DISCIPLINE GUIDELINES

In order to provide a safe environment for all children, we have to have a few rules.

1. No unruly behavior.
2. No abusive or foul language.
3. Respect for property, equipment, and grounds.
4. Respect for Camp Leaders and each other.

If these rules are ignored:

1st time – Behavior will be discussed with the child.

2nd time – Parents will be notified by a note or phone call.

3rd time – The child will have to stay home the next day.

If unacceptable behavior persists, the child will not be allowed to return to camp. Any severe offense is automatically grounds for immediate removal from camp.

I, the undersigned parent or guardian of _____
do hereby state that I have read and received a copy of the center's Discipline and
Behavior Management Policy and I understand the policy and I agree to abide by
the set policy.

Signature of Parent or Guardian _____ Date _____

Signature of Child _____ Date _____

PAC-TEAM SUMMER CAMP 2019

PARENT'S INFORMATION AND INSTRUCTIONS

- There is a maximum of 12 campers per session due to transportation.
- Camper's applications will be accepted at New Bern Police Department where they will be date/time stamped. Applications must be completed in full and are on a first come first serve basis.
- For those of you dropping off & picking up your children, ***please note*** that you need to *drop-off & pick-up* your child at:
New Bern Police Department - 601 George Street Lobby-"unless otherwise instructed"
- Advisors will be present to greet parents and children for drop off and pick up.
- Summer Camp schedule may be subjected to change due to inclement weather.
- Parents or Guardians are required to sign children in and out of summer camp.
- **Autism week 17th-21st** - Guardians or parent must accompany camper/s throughout the week. Parents will be responsible for their meals and payment for activities. Parents plan to bring you own transportation if you may have to leave prior to dismissal.
- Advisors are not responsible for camper's cell phones or electronics.
- Advisors will not administer any medications.
- Camper will not be allowed in swimming pool without proper swimming attire (no jeans or cutoff shorts)
- Questions about the camp contact Officer Trisha Fisher at (252) 514-6475 or Officer Mark Ramos at (252) 514-6400 Monday-Friday 7am-3pm.
- Deadline to submit application: May 25th. Applications can be dropped off at the Main Police Department.

****DO NOT RETURN THIS FORM.**

THIS IS FOR YOUR INFORMATION**