

# Tega Cay Camp Cadet 2016 Application

The Tega Cay Camp Cadet is a recreational camp that is operated by the City of Tega Cay Police and Fire Departments. The Camp will be open to 40 rising 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders. This camp is free to attend. If you are interested in allowing your children to participate, please complete this entire form. Applications must include a letter of reference from the child's school Administrator or Teacher. This will be a rewarding competitive process based on good grades, leadership and behavior. Each school within the Tega Cay Jurisdiction will be able to nominate 12 students. You will receive a letter in the mail to advise if your child will be able to attend camp this year. Please make sure that this form includes your correct mailing address. Incomplete forms will not be processed.

2016 Camp Schedule  
Monday June 20<sup>th</sup> – Friday June 24<sup>th</sup>  
8am-5pm daily

Parents- Please complete the Section Below (PLEASE PRINT)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School Attending: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical ( Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ Emergency # \_\_\_\_\_

Known Physical Disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Shirt Size: S / M / L / XL  
Circle one

Youth / Adult  
Circle One

**Please be aware** that if your child has been taken into custody by any police department due to law violations, they will not be eligible to attend camp. Please enclose proof of age with this application. This can include a copy of the child's birth certificate, a letter from his/her school or family doctor.

**PLEASE DO NOT SEND THE ORIGINAL BIRTH CERTIFICATE.** Any applications received without proof of age will be retur

PLEASE COMPLETE AND SIGN CAMP WAIVER

Parent's / Guardian's Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

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

List any Health issues that would impede running, jumping, and strenuous exercise in dusty, wet or grassy areas at the camp. (Please describe):

\_\_\_\_\_

My child, \_\_\_\_\_ has permission to participate in the Tega Cay Camp Cadet activities. This is my assurance that my child can participate to the fullest extent in any activity.

PLEASE READ THE FOLLOWING TEGA CAY CAMP CADET REGULATIONS

I do hereby certify this child is physically fit and capable of participating in camp activities and also give my permission for the camp directors to seek medical care for my child if needed, and I will be fully responsible for all cost. I understand that the Tega Cay Camp Cadet is not responsible for any items that are lost/ damaged that belong to the child. In consideration of the privilege of participating at camp, I hereby voluntarily release and discharge the Tega Cay Camp Cadet it's agents, contract services, servants, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. In addition, I give my permission for any photo-graphs taken of my child to be used on the Tega Cay Camp Cadet Website or for promotion. The Tega Cay Police Department accepts no responsibility for accidental injuries which may occur in route to, from or while attending the camp.

Print Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ ( Child's name) hereby make my application to attend Camp Cadet operated by the Tega Cay Police Department in cooperation with civic service, fraternal organization, industry, pro-regulations set forth by the director of the camp to ensure success.

Applicants Name / Signature \_\_\_\_\_

TEGA CAY POLICE  
CAMP CADET  
NOMINATION FORM

NOMINEE'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ AVERAGE SCHOOL GRADE: \_\_\_\_\_

HOBBIES/SCHOOL ACTIVITIES:

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WHY THIS CHILD SHOULD BE ACCEPTED TO CAMP CADET:

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NOMINATOR'S NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**\*\*NOMINATOR CAN ONLY BE ONE OF THE FOLLOWING\*\***

**\_\_\_ PRINCIPAL \_\_\_ TEACHER \_\_\_ COMMUNITY LEADER**