



# Corinth CSI Camp 2025

July 14-18 -CSI Camp / July 21-25-Jr Police Academy



<input type="checkbox"/> Res-\$85/Non-\$90 <b>CSI Camp Only</b>	<input type="checkbox"/> Both-\$125 <b>CSI Camp and Junior Police Academy</b>
<input type="checkbox"/> Res-\$85/Non-\$90 <b>Junior Police Academy</b>	

Teen's Name: \_\_\_\_\_ Sex: M F

Teen's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Teen Will be Entering in Fall 2025 \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

## IN CASE OF EMERGENCY CONTACT THE FOLLOWING PERSON(S) OTHER THAN PARENT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The Following Person(s) **(Including Yourself)** will be allowed to sign my Teen out of CSI Camp. **Note:** We do not recommend that you allow your children to walk home, however, if you choose to do so we will need a letter for our records stating the allowed time of release as well as a release of liability starting at the time of release from camp.

Name: \_\_\_\_\_ DL#: \_\_\_\_\_

Name: \_\_\_\_\_ DL#: \_\_\_\_\_

Name: \_\_\_\_\_ DL#: \_\_\_\_\_

## MEDICAL INFORMATION:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Is your child taking any kind of medication? YES NO

If so, please list medications: \_\_\_\_\_

Does your child have any medical conditions or allergies, which the leaders should be aware of? YES NO

If so, Please List: \_\_\_\_\_

Session Fees are due before your child is dropped off. Session Fees will not be prorated for nonattendance. Participants must be picked up promptly from the site by 5:00 PM. An additional fee of \$1.00 per minute will apply after 5:00 PM with the Camp Coordinator determining the time.

**PLEASE INITIAL**