



OFFICE OF THE SHERIFF

COUNTY OF DARE

962 MARSHALL C. COLLINS DRIVE
P.O. BOX 757

MANTEO, NORTH CAROLINA 27954-0757



J.D. "DOUG" DOUGHTIE
SHERIFF

PHONE (252) 475-5980
FAX (252) 473-6371

CAMP RULES AND REGULATIONS

1. All campers shall be at camp in the morning at the prescribed time, unless given permission to be late. Time of arrival will be noted on the Camp Roll Sheet. Camp activities end at 4:00 PM. Parents/Guardians are responsible for pick-up by that time. Campers should not come to camp when they are sick, have a fever, communicable disease or other illness or injury. If returning to Camp after an illness or injury, Camp Counselors may require a doctor's note for readmission.
2. Campers shall be respectful at all times to the members of the Camp Staff and to their fellow campers. There will be no unruly behavior, profanity or fighting at the camp. Cell phones, iPods, Mp3 players or other electronics shall be secured before camp begins. Any cell phone call should be made at break or lunch. If there is an emergency need to make a cell phone call at any other time, a Camp Counselor shall be notified.
3. Campers shall refrain from the use of alcohol, controlled substances or any other mind altering substance while enrolled in camp.
4. Campers are to follow the instructions of the Camp Staff at all times. Questions from campers are allowed and encouraged, but are not to be disruptive in nature.
5. Campers will follow established safety precautions when operating around the tower or other Camp facilities. Tower safety equipment/ropes/helmets must be handled and used under the supervision of Camp Personnel. At no time are campers to climb the tower unless they are under the direct supervision of Camp Personnel.
6. Campers are to wear closed-toed/ backed footwear due to the nature of camp activities. Proper clothing must be worn at all times. Proper clothing constitutes camp or other appropriate T-Shirt, and short pants. If there are deviations from the dress code, they must be approved by Camp Staff. Tasteful hats or caps are encouraged.
7. Permission forms must be signed by Parents/Guardians prior to any field trip.
8. Campers should bring sunscreen, insect repellent or other comfort items to Camp for their personal use. Camp Staff will not administer any medicine.

VIOLETIONS OF RULES WILL BE DOCUMENTED AND CAMPERS MAY BE DISMISSED FROM CAMP FOR RULES VIOLATIONS. THE FINAL AUTHORITY FOR DISMISSAL FROM CAMP IS THE DARE COUNTY SHERIFF.



CAMP S.A.L.T
SPONSORED BY THE
DARE COUNTY SHERIFF'S OFFICE

J.D. "Doug" Doughtie, Sheriff
(252)475-5980



Dare County Sheriff's Office Camp S.A.L.T. Registration Form

CAMPER INFORMATION

Camper's Full Name: _____
Last First Nickname

Parent/Guardian's Name: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Day Time Phone: _() _____ Cell Phone(s): () _____

E-mail _____

Home Phone: _() _____ Address: _____

Birth Date: _____ Grade Completed: _____

School Attended: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____
Last First

Relationship to Camper: _____

Phone Number: _() _____

Full Name: _____
Last First

Relationship to Camper: _____

Phone Number: _() _____

REFERRAL INFORMATION (IF APPLICABLE)

Referring Organization _____

Organizational Contact _____ Title: _____

Street Address _____ Phone () _____

City _____ State _____ Zip _____

Dare Sheriff's Office Camp S.A.L.T Camper Code of Conduct

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct:

I will follow the camp schedule.

I will bring only the allowed items to camp (no weapons, electronic items, etc.).

I will respect counselors, directors, and other campers by not using foul language, name calling or fighting.

I will follow all safety and operational rules set forth by the camp staff.

Camper Signature: _____ **Date:** _____

I agree to help my child abide by this code of conduct.

Parent /Guardian Signature: _____ **Date:** _____

How did you hear about this camp? _____

Dare Sheriff's Office Camp S.A.L.T. Medical Release

Authorization of Treatment: _____ **Parent/Guardian Initials**

I hereby give my permission to the medical personnel selected to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above.

Physical Release Statement: _____ **Parent/Guardian Initials**

I acknowledge that there are natural hazards associated with camping and related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of The Dare County Sheriff's Office accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge the Dare County Sheriff's Office, its units, agents and employees, and Dare County North Carolina, its employees, elected officials and agents, from all claim of liability for any damages or injuries which may be sustained while my child is at camp.

Equipment Usage Release: _____ **Parent/Guardian Initials**

I have inspected all equipment and materials used in the program, and by execution of this agreement I acknowledge and agree that the equipment is in good condition, has no apparent defects, is safe for use by my child. I authorize my child to use such equipment. I forever release and discharge the Dare County Sheriff's Office, Dare County and their agents, employees, and elected officials from any liability associated with the use of such equipment.

Photo Release: _____ **Parent/ Guardian Initials**

I hereby give my permission for my child's picture to be used by The Dare County Sheriff's Office Camp S.A.L.T in its' publications or video programs.

Water Activities: _____ **Parent/Guardian Initials**

I understand that the Dare Sheriff's Office Camp S.A.L.T may include activities in or near water. Some activities with children aged 8 and above may include canoeing. I give my permission for my child to participate in all water activities included in the camps. For camps that include canoeing campers must be able to swim. By execution of this agreement, I certify that my child is able to swim.

Travel: _____ **Parent/Guardian Initials**

I give my permission for my child to travel in the Camp S.A.L.T. vehicles to field trip destinations which correlate to the camp program. I understand that I will be informed of the field trips scheduled, and that the parent/guardian may refuse to allow campers to take field trips on an individual basis. Campers who chose not to go on field trips will stay at home that day.

Note: By initialing each section above, you acknowledge that you have read and agree to each item.

Release of Minors:

All campers are released at the end of camp to their parent/guardian, one of the individuals listed on their form, or in the case of a referral, to the listed representative of the referring organization.

NO EXCEPTIONS! The camp will release the camper to either parent/guardian listed on the application unless directed by a court to do otherwise.

REMINDER: Photo Identification may be required at time of pick up.

In addition to names already listed on this application, my child may be released to the following individual(s).

Name: _____ **Telephone #:** () _____

Name: _____ **Telephone #:** () _____

Name: _____ **Telephone #:** () _____

Parent/Guardian

Signature: _____ **Date:** _____

Would you like to be updated on schedules and camps through email? _____

If yes, please provide email: _____

Please indicate your camp session date of choice. _____

You will be notified of confirmation.



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Camp SALT - Save A Life Together

PLEASE READ: This form is intended to remind Staff and participants of the seriousness of attempting adventure activities with an old, pre-existing injury, heart problem or other condition which might be aggravated by the event.

Questions:

- | | | |
|---|-----|----|
| 1. Any Pre-existing injuries (ankles, knees, back, etc.) that might be aggravated by the event? | Yes | No |
| 2. Taking any current medication? List any: _____ | Yes | No |
| 3. Any heart problems or heart medication? | Yes | No |
| 4. Any pressure or coercion from anyone to participate? | Yes | No |
| 5. Do you have high blood pressure? | Yes | No |
| 6. Do you have any allergies (food, bees, insects) or reactions to any medications? Allergies: _____ | Yes | No |

Note to Staff: If Yes is circled, please discuss all options with participant.

I have honestly disclosed to the Staff any medical, psychological, or personal reasons that might affect my safety or the safety of others during these events. I will remember that a "Challenge by Choice" atmosphere exists at all times and I should not feel pressured to participate.

Signature: _____ Date: _____

Child's Name: _____



Consent To Participate and Release of Liability Agreement
Camp SALT, Save A Life Together, a Dare County Summer Camp

I am aware and understand that participating in the Dare County Sheriff's Office Alpine Tower/Climbing Wall and The Dare County Summer Camp SALT (Save A Life Together) will involve strenuous physical activity, such activities as hiking, climbing, and canoeing/kayaking trips and may involve risk of physical injury or death. I understand that the programs are physically demanding and potentially dangerous. I agree and acknowledge that I am solely responsible for my own physical and emotional well-being. I am aware the program activities are strictly voluntary, that I have the physical capabilities to participate in such activities, that I have been given an opportunity to inspect all structures, apparatus, vessels, and any other item(s) or equipment that I might use, and that the nature of the activity I am participating in has been fully explained to me, and it is my choice to participate to whatever degree I deem appropriate, after due consideration of my inspection, my physical health, physical abilities and medical condition. I willingly and knowingly assume for myself, my heirs, family members, executors, and administrators, and assign all risk of physical injury, emotional injury or death which may occur during or after participating in any aspect of the program, and agree to hold Dare County, The Dare County Sheriff's Office, their employees, instructors, facilitators, volunteers, board members and agents harmless from any physical injury, emotional injury, and/or death arising out of my participation in the program.

If the participant is a minor, this agreement must be signed by a parent or a guardian. By execution of this agreement, the parent or guardian on behalf of themselves and the minor acknowledges and agrees to the terms and conditions set forth above, and agrees that the minor and the parent or guardian shall be bound by those terms.

Name: _____

Class/Age: _____

Signature: _____ Date: _____

If the participant is under the age of 18, the parent or guardian **MUST** also sign below:

Name: _____

Signature: _____ Date: _____

Relationship to Participant: _____