Safe Haven Summer Camp

2024

To the parents of your 5th Grade Student,

The Morganton Department of Public Safety is excited to invite your child to our 2024 Safe Haven Summer Camp. This year’s camp will be Monday through Friday, **July 15th through July 19th, 2023**. The camp will begin each day at the Collett Street Recreation Center located at 300 Collett Street Morganton, NC 28655. The camp is offered FREE of charge by The Morganton Department of Public Safety. Camp days will begin at 8:00am and conclude at 5:00pm, hours may vary depending on scheduled events for the day. The camp will conclude on **July 19th** with an evening banquet for all campers, parents/guardians, and siblings.

The department works extremely hard every year to budget and raise funds to offer this camp at no cost to parents. Each camper will be provided a T-shirt and many other surprises. Breakfast, lunch, and snacks will be provided daily. A copy of scheduled events will be forwarded to the parent/student once enrolled.

If you would like for your child to attend this camp, in person or via email please return the enclosed waiver of liability, permission form, child information form and photo/video release by May 17th, 2024 to:

Morganton Public Safety

Safe Haven Summer Camp

Attn: Lt. Tayler Alexander

304 S. College St

Morganton, NC 28655

Space will be limited for the summer camp. Space will be allocated ***based on the order that applications are received.*** The goal of Safe Haven Summer Camp is to provide a week of fun and excitement while building relationships between students and Law Enforcement.

If there are any questions that you may have, please feel free to contact me by email at **talexander@morgantonps.org** or by leaving a message at 828-509-3664 Monday-Friday 8am-5pm.

A complete event calendar will be provided to you as soon as all activities have been confirmed. Previous camps have included a trip to Carowinds in Charlotte, Emerald Village in Spruce Pine, Lake James State Park, hiking, and a community service project.

**CHILD INFORMATION (PRINT CLEARLY)**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address *REQUIRED***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact other than parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List below any allergies (food, plant, animal, insect), any important medical conditions, a list of prescription medications or other relevant information (It is the child’s responsibility to keep up with and take the medication):

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

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

do give my permission for the Morganton Department of Public Safety to take my child for medical treatment and give permission for treatment in my absence. This will only be in the case that I cannot be reached in a reasonable period of time.

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

Parent or Guardian

Child’s doctor and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appropriate T-shirt size** for your child in **ADULT** sizes: \_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER OF LIABILITY AND PERMISSION FORM**

By my signature below, I give permission for my child

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

(Print Child’s Name)

To participate in the summer camp being sponsored by The Morganton Department of Public Safety the week of **July 15th-July 19th, 2024**, I certify that I am the legal parent or guardian of the child named above.

Further, by my signature, I agree to and waive any claim, which should or could arise as a result of my child’s participation in the summer camp. I agree to hold harmless, the City of Morganton, the Morganton Department of Public Safety, or any employee or agent for such injury. I recognize that my child will be involved in events such as swimming, water slides, athletic events, etc. I also understand that my child will be transported by van or bus to and from all destinations while in camp. I agree and understand that the supervisors of my child will take reasonable steps to provide a safe environment for my child but I also recognize that the City of Morganton nor the Morganton Department of Public Safety guarantee the safety of my child in any way.

I further understand and agree that I will be responsible for delivering my child to the summer camp and for picking up my child at the conclusion of each day, My child and I agree that participation in Safe Haven Summer Camp is voluntary and my child will follow ALL rules described to my child by camp personnel.

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

Camper’s Signature Parent’s Signature/Date