



RIC McCORKLE
SHERIFF

OFFICE OF HENRY COUNTY SHERIFF

127 North 12th Street
New Castle, Indiana 47362

The Henry County Sheriff's Office will be conducting its 23rd Annual Youth Camp from June 19th, 2017 through June 22nd, 2017 at Henry County Memorial Park.

In 1995, the Henry County Sheriff's Department Youth Camp was initiated by former Sheriff Harold Griffin. The purpose of the camp was to increase trust between youth and law enforcement officers. The Youth Camp also provided an opportunity for young people interested in a future career in law enforcement to obtain a general knowledge about this career field.

The camp is free of charge and is open to children from Henry County between the ages 10 and 16. The camp has been held annually in the month of June.

The camp will feature events such as police demonstrations, boating, swimming, bowling, recreation events, and other outdoor activities.

Campers will report for camp at the W.G. Smith Auditorium located at 260 W CR 100N at 9:00 a.m. on Monday, June 19th, 2017 and dismissal will be at 7:00 p.m. on Thursday, June 22nd, 2017.

Registration forms are available at all schools in Henry County and at the Henry County Sheriff's Office. Registrations forms must be turned in at the Henry County Sheriff's Office by noon on Thursday, June 15, 2017. Late registrations will no longer accepted in order to enable us to prepare accordingly for all registered campers.

There will be an orientation and rules session for parents and campers on Sunday, June 18th, 2017 at 5:00 p.m. This meeting will be held at the W.G. Smith Auditorium, located at 260 W. CR 100 N. Please bring the campers' supplies and any medication to this session on Sunday. A family member or friend may bring your child to the camp on Monday, June 19th, 2017 at 9:00 a.m. No child will be permitted to attend the camp unless a parent or guardian has signed the required forms.

The camp will continue 24 hours a day and no child will be permitted to go home at night unless an emergency situation exists.

The children are requested to leave all valuables at home. Portable radios, cell phones, televisions, etc. will not be permitted. The camp organization will not be responsible for any lost or stolen property. Medical personnel will be present and on call in case a medical emergency arises. You should also mark each item of your child's clothing and personal effects with the child's first initial and last name.

There will be a family banquet, which will be held at 5:00 p.m. on Thursday, June 22nd, 2017. We are asking that each non-camper attending this banquet pay a \$5.00 fee to assist in costs due to the overwhelming amount of persons who have attended the banquet in years past. The \$5.00 fee will be due at the door just prior to the banquet. The banquet will be held at the W.G. Smith Auditorium located at 260 W CR 100 N. An awards ceremony featuring a guest speaker will follow the family banquet and we ask that parents remain for this program.

If you should have any questions, or concerns, please do not hesitate to contact Sheriff Ric McCorkle or Sgt. James Goodwin at the Henry County Sheriff's Office at 765-521-7032.

We look forward to seeing you there!

Sincerely,

A handwritten signature in cursive script that reads "Ric McCorkle".

Ric McCorkle
Sheriff, Henry County

Registration Form

**Henry County Sheriff's Department
Youth Camp**

June 19, 2017 thru June 22, 2017

Location: Henry County Memorial Park
260 W CR 100 N
New Castle, IN 47362

Name of Youth: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade in 2016-2017 School Year: _____

Age: _____ Sex: _____

Youth T-Shirt Size: YS _____ YM _____ YL _____ YXL _____

Adult T-Shirt Size: S _____ M _____ L _____ XL _____

Parent or Guardian: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____

Other than Parent or Guardian listed above:

In case of emergency contact: _____

Phone # _____ Relationship to Youth: _____

If interested in attending, please have parent or guardian fill out and sign registration form and send or bring to:

**Henry County Sheriff's Department
127 North 12th Street
New Castle, IN 47362**

****Please note: NO applications will be accepted after noon on
Thursday, June 15, 2017.**

Henry County Sheriff's Department Youth Camp Parental Permission

Instructions to the parent/guardian: Please complete this form and return it to the Facilitator. The Facilitator will carry this form to camp.

I give permission for my child to participate in the HCSD Youth Camp as described in the registration packet, which I have read and understand.

Child's Name: _____ Birthdate: _____

Address: _____ City: _____ State: ____ Zip: _____

In the event I cannot be reached in an emergency, I hereby give my permission to the staff of the Henry County Sheriff's Department Youth Camp Program to secure proper treatment for my child.

Please check if indicated:

_____ My child needs medication. (Medication needs to be in original, properly labeled container and turned in to the facilitator).

_____ My child is allergic to: _____

_____ My child has other special conditions you should be aware of (previous Hospitalization, injuries that could be aggravated or could limit participation). Please detail these conditions on the back of this form.

_____ I give permission for my child to be given Tylenol and Benadryl when needed and deemed necessary by medical staff

The undersigned agrees that the Henry County Sheriff's Department Youth Camp, its agents and employees, and the driver and/or owner of the vehicles used for trips shall be exempt from liability for damages for bodily injury or property damage that might occur during the trip, except to the extent of insurance liability as provided by law.

Parent/Guardian Signature and Date

Alternate Emergency Person

Parent/Guardian Telephone Number

Alternate Phone Number

Family Physician and Number
(in case of emergency)

Henry County Sheriff's Department Youth Camp Medical Form

Instructions to the parent/guardian: Please complete this form and return it to the medical staff. Staff will carry this form with them during camp.

Child's Name: _____ Birthdate: _____

In case of an emergency please contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Does your child have any medication, food or environmental allergies?

Yes _____ No _____ If yes, please list below with reaction:

Is your child currently taking any daily home medications? Yes _____ No _____

If yes, please list below:

<u>medication</u>	<u>route</u>	<u>dosage</u>	<u>frequency</u>	<u>comments</u>
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**Medication needs to be in original and properly labeled container with the child's name on it. Medications should be left with the camp staff during the night of signups. Medications will be kept in a locked cart during camp will be returned to the parent at the end of camp.*

Does your child have any special conditions (injuries, medical conditions, etc.) we should be aware of? Yes _____ No _____ If yes, please check below:

_____ Asthma
_____ Diabetes
_____ Heart condition
_____ wears hearing aids
_____ Other (please specify): _____
_____ Seizures
_____ Bleeding disorder
_____ wears glass or contacts
_____ severe allergy that requires an epi pen

Which of the following over-the-counter medications do you give permission for the camp nurse to administer to your child should they need them throughout the week: *(All medications will be dosed according to package instructions specific for your child's age)*

acetaminophen (Tylenol)	Yes _____	No _____
ibuprofen (Motrin/Advil)	Yes _____	No _____
diphenhydramine (Benadryl)	Yes _____	No _____
topical antibiotics ointment	Yes _____	No _____
Hydrocortisone cream	Yes _____	No _____
Burn gel	Yes _____	No _____

I hereby give the Henry County Sheriff's Department permission to act for me on behalf of my child for treatment at a medical facility and to arrange necessary transportation. I also give permission for the attending physician to administer any testing or treatment deemed necessary for my child. This waiver only applies only in the event that neither parent/guardian cannot be reached in the case of a medical emergency.

Parent/Guardian Signature _____ Date: _____

Child's physician: _____ Phone number: _____

Henry County Sheriff's Department Youth Camp

Camper Supply List 2017

Youth Camp Participants and Parents:

The following is a list of items that each child needs to bring to the Henry County Youth Camp:

- A. Toiletry Items
 1. Toothbrush and toothpaste
 2. Shampoo
 3. Combs and or brush
 4. Soap
 5. Towels and washcloths
 6. Shower shoes (if desired)
- B. Overnight clothes
- C. Tennis shoes or comfortable walking shoes
- D. Swimming suit (Beach towel if desired)
- E. Sleeping bag and pillow
- F. Casual, comfortable, everyday clothing
- G. Jacket or sweatshirt
- H. Sunscreen
- I. If on medication, bring medication plus dosage information.
(Report this to medical staff at registration time)
- J. No money

If you have any questions, feel free to contact me at the Sheriff's Office.

Sincerely,



Ric McCorkle
Henry County Sheriff