

Registration Form

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

June 20, 2016 thru June 23, 2016

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

Name of Youth: _____ Date of Birth: _____

Age: _____ Sex: _____ T-Shirt Size: YS _____ YM _____ YL _____ YXL _____

Adult Sizes: S _____ M _____ L _____ XL _____

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

Phone # _____ In case of emergency contact: _____

School: _____ Grade in 2015-2016 School Year: _____

Parent or Guardian: _____ Signature: _____

Address: _____ City _____ State: _____ Zip: _____

Phone # _____

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 June 16, 2016.**

Liability Waiver

I give permission for my child to participate in the Henry County Sheriff's Department Youth Camp described in the accompanying information, which I have read. The undersigned also 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 signature: _____ Date: _____