

2026 Girls Camp Application

Grant County Sheriff's Office

Camper Information

- Name: _____
 - Date of Birth: _____
 - Age: _____
 - Home Address: _____
 - City: _____ State: _____ Zip: _____
 - Parent/Guardian Name(s): _____
 - Parent/Guardian Phone Number: _____
 - Parent/Guardian Email: _____
-

Camper Health Information

- Shirt Size: _____
 - Medical Conditions: _____
 - Current Medications: _____
 - Allergies: _____
 - Doctor's Name: _____
 - Doctor's Phone Number: _____
 - Insurance Information: _____
 - Preferred Hospital: _____
-

School Information

- School Name: _____
 - Grade: _____
-

Emergency Contact Information (other than Parent/Guardian)

- Name: _____
 - Relationship to Camper: _____
 - Phone Number: _____
 - Alternate Phone Number: _____
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In consideration of the benefits to be derived from my child's participation, I hereby agree to assume all risks and responsibilities surrounding my child's participation in the camp. I release and hold harmless the Grant County Sheriff's Office, its officers, employees, volunteers, and agents from any and all claims, demands, causes of action, damages, or liabilities arising from or related to my child's participation in the camp, including any such claims which allege negligent acts or omissions of the Grant County Sheriff's Office.

I acknowledge that I have reviewed the camp's Rules of Conduct with my child and that my child agrees to abide by them. I understand that violations of these rules may result in my child being sent home at my expense. I further understand that all electronic devices are to be left at home, and the Grant County Sheriff's Office will not be responsible for any lost or stolen items.

In the event of a medical emergency, I authorize the Grant County Sheriff's Office and its representatives to seek medical treatment for my child. I understand that every effort will be made to contact me or the emergency contact provided on this application in such an event.

By signing below, I acknowledge that I have read and understood this Parental Consent and Waiver form in its entirety and agree to its terms.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Camper's Name: _____

Media Permission

I, the undersigned parent/guardian, hereby grant permission to the Grant County Sheriff's Office to photograph, film, and/or record my child during the Girls Camp. I understand that these images and recordings may be used for promotional and educational purposes, including but not limited to, social media, websites, newsletters, brochures, and other official publications.

I acknowledge that these images and recordings will be the property of the Grant County Sheriff's Office and may be used without compensation to my child or me. I also understand that the Grant County Sheriff's Office will take reasonable steps to ensure that these images and recordings are used appropriately and in a manner that reflects positively on my child and the camp.

I understand that I can revoke this permission at any time by providing written notice to the Grant County Sheriff's Office, but such revocation will not affect any images or recordings that have already been used or published prior to receipt of the notice.

By signing below, I acknowledge that I have read and understand this Media Permission section and agree to its terms.

Parent/Guardian Signature: _____
Printed Name: _____
Date: _____
Camper's Name: _____

Parent/Guardian Contact Information

- **Primary Phone Number:** _____
 - **Alternate Phone Number:** _____
 - **Email Address:** _____
-

Emergency Contact Information

- **Name:** _____
 - **Relationship to Camper:** _____
 - **Primary Phone Number:** _____
 - **Alternate Phone Number:** _____
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Pick Up Information

- **Name:** _____
 - **Relationship to Camper:** _____
 - **Primary Phone Number:** _____
 - **Alternate Phone Number:** _____
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Contact Information:
Grant County Sheriff's Office
214 E 4th St.
Marion, IN 46952
Phone: 765-662-9836
Email: vlindvall@grantcounty.in.gov

Applications must be turned in by **May 15, 2026**.