

Parent / Guardian's Signature



Regional Police and Youth Together (PAYT) July 30 -August 3, 2018

(For youth ages10-12)

Child's I	Name:									
Address	s:		City/State/Zip:							
Phone:		Email:								
			Grade:							
□ Teac□ Class□ Othe	smate □ No er, please list	ficer = :eighbor = :	NCCJ Website Another website kgrounds attending. To meet this goal for							
	y, please tell us m		Agrounds attending. To meet this goal for							
Gender	·	Race:	Religion:							
Special	Needs/Medication/[Dietary Restrictions	?							
<u>Camp</u>	<u>er Agreement</u>									
For eve	ryone to have a grea	at experience at car	mp, please read and sign below:							
> 1	My child will join in a	all the activities duri	ng the Police and Youth Together Camp.							
My child will respect everyone, their belongings, and their space.										
> 1	> I understand that if I my child doesn't follow the rules, NCCJ will call a parent/guardian.									
I have re	ead and agree to the	e above.								
Youth's S	ignature		Date							

Date





CONTACT INFORMATION

Parent/Guardia	n's Nar	ne:					
E-Mail Address	:						
Home Address:							
					Home Phone:		
Cell Phone:							
						Adult or Youth size? _	
			Par	rent/G	uardian C	Consent	
3, 2018. Í give	conse	ent to ti	ne NCC	J and p	artner agenci	attend camp, schedulo es, to transport my cl led follow-up session	nild to the F.O.P
(Parent/Gu	ıardian	Printed	Name)		(Parent/ Gu	ardian Signature)	(Date)