



**REGISTRATION FORM  
HAMILTON POLICE SERVICE – MARCH BREAK COP CAMP 2019**

*The camper (child) will not be officially registered for Cop Camp until the Crime Prevention office receives the Registration Form, Waiver Form & Photo/Video Release Form along with payment. **Please use one form per camper (child).** We are offering 4 - 1 day long camps. Camp is open to children age 9 – 12.*

*Please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> choice. Camps are filled on a “first come, first serve” basis*

March 11<sup>th</sup> \_\_\_\_\_ March 12<sup>th</sup> \_\_\_\_\_ March 13<sup>h</sup> \_\_\_\_\_ March 14<sup>th</sup> \_\_\_\_\_

**\*PLEASE NOTE - THE CAMP IS FILLED ON A FIRST TO REGISTER BASIS\***

Child’s Name: First \_\_\_\_\_ Last \_\_\_\_\_

Age \_\_\_\_ Birth Date (y/m/d) \_\_\_\_\_ Gender: \_\_\_\_\_ School Grade: \_\_\_\_\_

Address (home): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Child’s Health Card (include all #s & letters): \_\_\_\_\_

First Parent’s (or Guardian) name (First & Last): \_\_\_\_\_

Second Parent’s (or Guardian) name (First & Last): \_\_\_\_\_

**Primary** Contact Number: \_\_\_\_\_ **Alternative #:** \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact Name and Phone Number: (in case parents cannot be reached)

\_\_\_\_\_

Allergies (please list): \_\_\_\_\_

Food restrictions: \_\_\_\_\_

**Medications:**

Will the camper bring their own epi-pen? \_\_\_\_\_

Will the camper bring their own inhaler? \_\_\_\_\_

Does camper wear a medic alert bracelet? \_\_\_\_\_

Describe any treatments or medications to be administered. If you are sending/bringing medication (over the counter or prescribed), please label it.

Name of medication: \_\_\_\_\_

To be administered when: \_\_\_\_\_

*Provide directions*

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***Does Your Child have Special Needs:***

State your child's physical or behavioural challenges: \_\_\_\_\_

**Payment Method: Cheque Only**

**Payable to: Hamilton Police Service**

**Camp Fee = \$20.00 per child**

If financial assistance is required, acknowledge here - \_\_\_\_\_

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***Authorization for Camp (Signature of Parent or Guardian is mandatory)***

\_\_\_\_\_  
Child's First and Last name (please print)

\_\_\_\_\_  
Parent/Guardian name (please print)

\_\_\_\_\_  
Parent/Guardian **Mandatory** Signature

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**ALL REGISTRATIONS must be SUBMITTED to the  
Crime Prevention Branch by:**

**Friday February 22<sup>nd</sup>, 2019 (registration deadline)**

**C/O Heidi Balcomb**  
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