



**Sheriff Kenney Boone invites you to participate in
Explorer Academy 2014**

WHEN:

July 21st – August 1st

We run camp Monday thru Friday. Our Camp has limited spaces available; we ask that please return your application by July 1st. However, they are first come first serve.

WHERE:

Lynches River County Park

Explorer Camp will be at Lynches River County Park which is located just south of Florence. Take Hwy 52 south towards Lake City, go just past the light in Effingham and over the bridge there will be a sign on the right for Lynches River County Park and just continue to follow the county signs. We will be located at the Community building as you enter the park on the left.

TIME:

8:00 A.M. until 4:00 P.M.

COST AND ITEMS NEEDED:

The cost of the summer academy will be \$60.00 per participant. This will provide each youth with two T-shirts and all the needed materials for the academy. The youth will be asked to wear khaki shorts.

REQUIREMENTS:

Participation ages range from 8 to 12.

Any questions please call Deputy David Haines @ 843-495-6111.

Sheriff Kenney Boone

Explorer Academy 2014



Registration fee \$60.00 (Refundable if space is no longer available).
Camp acceptance letters and session approval will be mailed by July 9th.

Academy Dates: July 21st – August 2st.

Cadet's Name _____ County _____

Guardian _____ Phone: Home _____
Work _____
Cell _____

Address: _____

Emergency Contact (other than guardian): _____

Phone number: _____ Cell _____

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Date of Birth _____ Age _____ Shirt Size _____

Have you attended a previous Explorer Academy? _____ If yes, when? _____

Space is limited, and we unfortunately cannot accept everyone who applies. Classes run over several days and perfect attendance (among other qualifying factors) is required for participation. If you cannot be present for the entire session, please be kind enough to allow another child the opportunity to attend by not registering for that session.

**Mail Completed Application to:
Florence County Sheriff's Office
Attn: David Haines
6719 Friendfield Road
Effingham, South Carolina 29541**

If you have any questions please call: 843-495-6111

*****Please Note: This application is part of the selection process. All pages must be completed and mailed together.**

Explorer Academy

Cadet's Name: _____ Date of Birth: _____

Doctor's Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Is cadet on any medication? YES or NO

Type of medication(s) _____

Dosage: _____ When Taken: _____

Reason: _____

Insurance #: _____ Medicaid #: _____

May cadet be given Tylenol? YES or NO

List any physical disabilities or health problems that would limit camp activities:



Explorer Academy

As the parent (and/or guardian) of _____, I understand and consent to the following conditions of the participating South Carolina agencies for the Youth-Sponsored Summer program (Explorer Academy)

1. I agree and give permission for my child or ward to ride in vehicles for transporting my child to and from the Academy and for any other necessary transportation.
2. I agree and give permission for my child or ward to receive any emergency or routine medical attention in the event it becomes necessary.
3. I agree and give permission for the media to publish reports on my child's activities at camp. I understand/agree that media coverage may include identifying my child by name, the interviewing of my child, and the identification of my child in photographs, films or videotape. My permission is granted for the purpose of allowing the media to report on, and therein promote the positive community services provided to children by the sponsors of the Explorer Academy.

I hereby further agree to hold harmless the participating South Carolina agencies, agents and Employees against any action, claim, or demand, suit at law or in equity or whatsoever kind of nature, by the child, or by any person or persons acting in the child's behalf or for his or her benefit, arising out of or on account of the child's participation in the sponsored Summer Program, to which, as Parent or Guardian of _____ have herein above consented and granted permission.

I have read this Agreement and Release and understand its terms.

Parent/Guardian Signature

Date