



CADDO  
PARISH  
SHERIFF'S  
OFFICE

CSI CAMP FOR KIDS  
Sheriff's Safety Town  
318-698-SAFE (7233)

**REGISTRATION FORM**

*Note: If your child has attended our CSI Camp in the past, we ask that you not register him/her for this camp; however, we do offer many other exciting camps and programs. For additional information, please contact either Sheriff's Safety Town at 318-698-SAFE (7233).*

- Please provide your child with a nonperishable lunch with a beverage. **LUNCH IS NOT PROVIDED.**
- Camp participants are expected to dress appropriately. **ABSOLUTELY NO SHORTS, NO SANDALS, NO FLIP-FLOPS, AND NO OPEN-TOED SHOES. This is for your child's safety!!!**
- **ABSOLUTELY NO CELL PHONES ARE ALLOWED WHILE CAMP IS IN SESSION.** In the past, this has been a source of distraction and disruption. In the event of an emergency, a staff member will contact you. If you need to contact your child during the camp, please call *Sheriff's Safety Town at 318-698-7233.*
- All completed forms must be **EITHER MAILED OR HAND-DELIVERED TO SHERIFF'S SAFETY TOWN NO LATER THAN TWO WEEKS PRIOR TO THE START DATE OF THE CAMP** your child is registered to attend. Safety Town is located behind Summer Grove Baptist Church (formerly South Park Mall), and the physical address is 8910 Jewella Avenue, Shreveport, LA 71118.
- Each day camp starts at 8 AM sharp, and campers must be picked up at 3 PM.
- A t-shirt will be provided for each student. Please provide your child's t-shirt size:  
\_\_\_\_\_ Adult Small      \_\_\_\_\_ Adult Medium      \_\_\_\_\_ Adult Large
- I agree to having my child's right thumb printed and placed on his/her CSI Camp ID Card.  YES  NO

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Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Parent/Guardian \_\_\_\_\_

Employer \_\_\_\_\_

Daytime Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Does your child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list below:

Current medications and dosages: \_\_\_\_\_

Emergency contacts other than parents (at least three):

_____	_____
<i>Name</i>	<i>Phone</i>
_____	_____
<i>Name</i>	<i>Phone</i>
_____	_____
<i>Name</i>	<i>Phone</i>