Camp Journey

A partnership between Alabaster Police Department, Alabaster City Schools, Shelby County Sheriff's Office, the City of Alabaster and COMPACT.

Mission Statement

The mission of Camp Journey is to:

· Develop leadership, values, and knowledge in each camper through a highly structured educational and adventurous camp experience.

· Provide training and messages centered on values and traits, including integrity, character, courage, discipline and teamwork.

· Educate students on issues they will face through adolescence and equip them with skills to navigate these challenges.

· Immerse students in an exciting Junior Police/Sheriff's Academy, allowing them to see and experience first-hand what School Resource Officers and Law Enforcement Officers do.

· Have fun and forge strong relationships between the students and their School Resource Officers throughout the week that will benefit their academic careers and beyond.

Who, When and Where

The camp is designed for rising 6th grade students and will be hosted at the following locations:

- **Thompson High School : June 23rd-27th, 2025**

The camp will be held from 8:00am-3:00pm for rising 6th grade students enrolled in the Alabaster City School System with drop off beginning at 7:30 each day. It will be staffed by School Resource Officers from the Alabaster Police Department, the Shelby County Sheriff's Office and COMPACT. Some topics covered will be: Crisis Negotiation, Vape Education, Gun Safety, Team Building, Etiquette, Bullying, Social Media, Crime Scene, Special Guest Speakers, Tactical Response Unit, Wildlife Trailer, and UAV/UAS (drone) and 911 information. Some topics may be adjusted due to speaker availability. The Camp is free of charge, and the only requirement is that the child be dropped off and picked up ***ON TIME EACH DAY***. **Slots are limited to 50 campers per location.**

APPLICATION DEADLINE: MAY 1st 2025 OR UNTIL CAMP IS FULL

Camp Journey 2025 Application

Application Deadline: MAY 1st 2025

CAMP JOURNEY 2025
APPLICATION FORM

***Your child must be enrolled in Alabaster City Schools as a rising 6th grade student for the 2024-2025 school year in order to attend at that location.**

STUDENT INFORMATION

Student Name: _____ DOB: _____ Age: _____

School: _____ Grade: _____

Special Instructions/Needs: _____

_____

Medication: _____ Dosage: _____

Allergies: _____

PARENT CONTACT INFORMATION

Parent Name: _____

Address: _____ City/Zip: _____

Phone – Home: _____ Work: _____

Cell: _____ (text capable? Yes / No)

E-Mail:_____ (accessed daily? Yes / No)

Primary Emergency Contact: _____Relationship: _____

Phone 1 & 2: _____ / _____

****Parent or Emergency contact must be available at one of these numbers during camp hours****

Secondary Emergency Contact: _____ Relationship: _____

(Other than parent)

Phone 1 & 2: _____ / _____

Application continues on page two!

APPLICATION DEADLINE: MAY 1st, 2025 or until 50 spots are taken

Parent/Guardian Permission for Camper Consideration

I would like for my child, _____, to be considered for Camp Journey. I grant school officials and counselors permission to release information about my child in order to properly assess the needs of my child for this camp. I understand that components of the camp will include strenuous physical activity and mental determination. I agree with and support the mission of the camp and will be available to conference with officers before, during, and after the camp to discuss my child's progress. **I understand that daily, timely attendance is a REQUIREMENT. Failure to follow pick up and drop off requirements may result in dismissal from the camp.**

(Initial)_____

Students who fail to follow instructions, respect others or any other just cause determined by the Camp Journey staff may be dismissed from camp and a guardian will be required to pick them up immediately.

(Initial)_____

Signed _____ Date _____

Application continues on page three!

Application deadline: MAY 1st, 2025 or until 50 spots are taken

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

In consideration of participating in our summer camp, I represent that I understand the nature of the camp and my minor child is qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that if my minor child believes event conditions are unsafe, my minor child will immediately discontinue participation in the Activity.

I fully understand that camp events involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages my minor child incur as a result of my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue the Alabama entities of the Shelby County Sheriff's Office, Shelby County Commission, Shelby County District Attorney's Office, Helena Police Department, Vestavia Hills Police Department, Hoover Police Department, Alabaster Police Department, Pelham Police Department, Shelby County Board of Education, City of Alabaster, City of Helena, City of Hoover, City of Pelham, City of Chelsea, City of Vestavia Hills, Board of Education of the City of Alabaster, Board of Education of the City of Hoover, Board of Education of the City of Vestavia Hills, Board of Education of the City of Pelham, Compact, and any other partnering agencies included with Compact, including all of their respective administrators, directors, agents, officers, volunteers, public officers, public employees, other employees, other participants, any sponsors, any contractors, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. In the event of an emergency, I authorize the Shelby County Sheriff's Office, Helena Police Department, Compact and its officers, agents, servants and employees to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care, and I agree that I will be responsible for payment of any and all medical services rendered.

Check one:

_____**I DO** grant permission to the above listed agencies, their contractors, and media to publish photos and videos of my child to promote Camp Journey.

_____**I DO NOT** grant permission to the above listed agencies, their contractors, and media to publish photos and videos to promote Camp Journey.

_____	_____
Printed name of participant	Signature of Parent/Legal Guardian
_____	_____
Date	Printed Name of Parent/Legal Guardian

We will send a confirmation email when your application is approved

APPLICATION DEADLINE: MAY 1st , 2025 or until 50 spots are filled!

Recommendation of Student to Summer Camp

****TO BE COMPLETED BY A SCHOOL OFFICIAL****

MUST BE COMPLETED FOR CONSIDERATION

Name of Person Recommending Student: _____

Title: _____ Organization: _____

(Recommendation must be from a Non-Family Member)

I recommend this student for summer camp for the following reasons:

_____

_____

_____

_____

_____

_____

_____

_____

Signed: _____ Date: _____

Return application By May 1st, 2025

PLEASE EMAIL or drop off your completed application to the SRO assigned to the school to which your child is enrolled:

Thompson Intermediate School: John Edmundson : jedmundson@alabasterpolice.org

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