

A partnership between COMPACT, the City of Pelham, Pelham City Schools, and the Pelham Police Department.

### **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 location:

Pelham Park Middle School: July 14th-18th, 2025

The camp will be held from 8:00am-3:00pm each day for rising 6th grade students enrolled in the Pelham City School System. It will be staffed by School Resource Officers from the Pelham Police Department 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.

**APPLICATION DEADLINE: June 15th, 2025 OR UNTIL CAMP IS FULL** 

\*Your child must be enrolled in the Pelham City Schools System as a rising 6th grade student for the 2025-2026 school year in order to attend.

#### **STUDENT INFORMATION**

Student Name:		DOB:	_ Age:	
School:	Grad	e:		
Special Instructions/Needs:				
Medication(If Needed at Camp):			<del></del>	
Allergies:				
<u>PAR</u>	ENT CONTACT	INFORMATION		
Parent Name:				
Address:	City/Zip: _			
Phone – Home:	Work:			
Cell: (te	xt capable? Ye	s / No)		
E-Mail:		_ (accessed daily	? Yes / No)	
Primary Emergency Contact:		Relationship: _		_
Phone 1 & 2:	/			
**Parent or Emergency contact mu	st be available	at one of these r	numbers duri	ng camp hours**
Secondary Emergency Contact:		Relationship:		_
(Other than parent) Phone 1 & 2:	/			

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## 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 chi	ld for this camp. I understand that components o
the camp will include strenuous physical activi	ty and mental determination. I agree with and
support the mission of the camp and will be av	ailable to conference with officers before, during,
and after the camp to discuss my child's progre	ess. I understand that daily, timely attendance is a
REQUIREMENT. Failure to follow pick up and dr	op off requirements may result in dismissal from
the camp.	
(1. A.A. D.	
(Initial)	
Students who fail to follow instructions respe	ct others or any other just cause determined by
the Camp Journey staff may be dismissed from	
them up immediately.	camp and a Quantum and a quantum as press
(Initial)	
Signed	Date

# RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT 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.

Printed Name of Parent/Legal Guardian

Date

## **Recommendation of Student to Summer Camp**

\*\*TO BE COMPLETED BY A SCHOOL OFFICIAL\*\*
MUST BE COMPLETED FOR CONSIDERATION

Name of Person R	ecommending Student:	
Title:	Organization:	
	must be from a Non-Family Member)	
I recommend this s	student for summer camp for the following reasons:	:
Signed:	Date:	

## Return application by June 15th, 2025

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

- Pelham Oaks Elementary School: Officer Mark Volz mvolz@pelhamalabama.gov
- Pelham Ridge Elementary School: Officer Jared Sams jsams@pelhamalabama.gov