

**City of Charleston's Project RISEE  
2014-2015**

Applicant's Name \_\_\_\_\_  
(Last) (First) (Middle)  
 Age: \_\_\_\_\_ Date of Birth: Day \_\_\_\_\_ Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Gender: M F  
 Applicant's School: \_\_\_\_\_  
 Grade in school: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contacts:**

Name	Relationship	Home/Cell/Work Number
1) _____	_____	_____
2) _____	_____	_____

Persons authorized to pick up Applicant  
**In addition** to parent/guardian

Persons **NOT** authorized to pick up Applicant:

1. \_\_\_\_\_
2. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_

**MEDICAL RELEASE AND HISTORY**

Health Statement	NO	YES	If YES, please explain
Respiratory problems – Asthma, persistent cough, etc.	_____	_____	_____
Heart problems – High/Low blood pressure, chest pain, etc.	_____	_____	_____
Kidney, Stomach, Gall Bladder, or Liver Problems	_____	_____	_____
Diabetes, Hypoglycemia	_____	_____	_____
Recent fractures, illness, exposure to contagious diseases, etc.	_____	_____	_____
Eye, ear, nose, or throat problems – Skin disease	_____	_____	_____
Allergies, Bee Stings, ant bites, plant, sun, food penicillin, etc.	_____	_____	_____
Nervous disorders, Epilepsy, convulsions, dizziness, etc.	_____	_____	_____
Emotional disorders – Frequent anxiety, excessive fears, etc.	_____	_____	_____
Any hospitalization in the last two (2) years	_____	_____	_____
Currently taking any medications?	_____	_____	_____
Participant WILL be bringing medication to program/activities	_____	_____	_____

**EMERGENCY MEDICAL TREATMENT:** I understand that every effort will be made to contact the Parent of Guardian of participants. If this is not possible, I hereby authorize the Project RISEE & Camp Hope Staff of the City of Charleston to obtain medical treatment.

Parent/Guardian Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_



**Applicant's Name** \_\_\_\_\_

(Last)

(First)

(Middle)

Attendance Continued...

Saturday: 9am to 5pm

- February 21<sup>st</sup>
- March 21<sup>st</sup>
- April 18<sup>th</sup>
- May 16<sup>th</sup>

**Camp Hope**

Upon completion of Project RISEE, the participants will attend Camp Hope, beginning approximately one to two weeks after school lets out for the summer. The participants, as junior counselors, will be required to attend a minimum of 5 weeks of Camp Hope.

Initial \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**The following questions should be answered in no more than a total of two typed pages and submitted with the completed application.**

What is/are your personal goal(s) for this program?

What are your strengths that will benefit this program?

What are your weaknesses that may impact this program?

What do you hope to accomplish/gain after completion of this program?

***BY DECEMBER 29, 2014***

***Send completed application and responses to:***

*Chief Gregory G. Mullen - Project RISEE*

*Charleston Police Department*

*180 Lockwood Boulevard*

*Charleston, SC 29403*

*Telephone#: 843.720.2401*

*Completed Applications can be scanned and emailed to  
bruderj@charleston-sc.gov – please note Project RISEE in the Subject Line.*

**Applicant's Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Parental Consent Form**

I give permission for my child, \_\_\_\_\_, to attend and participate in the City of Charleston Project RISEE & Camp Hope program to be held in the City of Charleston. I hereby release and indemnify the City of Charleston from any liability resulting from my child's participation in the above-referenced program. In the event of an accident or illness, the City of Charleston is authorized to provide medical care as deemed necessary for the welfare of my child. The City of Charleston will make every effort to immediately contact parents/guardians if necessary.

IN CONSIDERATION OF \_\_\_\_\_, my minor child/ward ("my child"), being allowed to participate in any way in the Project RISEE & Camp Hope Programs; travel on field trips, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

**For parent/guardian:** I have reviewed this application and I authorize my son/daughter/legal ward to participate in the City of Charleston's Project RISEE & Camp Hope.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_