



KEWAUNEE COUNTY SHERIFF'S DEPARTMENT

620 Juneau Street
Kewaunee, Wisconsin 54216
Telephone: 920-388-3100
Fax: 920-388-3998

MATTHEW J. JOSKI
SHERIFF

Child's Name: _____ Date of Birth: _____

Address: _____ Age: _____

Parent or Legal Guardian: _____

Phone Numbers: (home) _____ (work) _____

Emergency Contact Person and Phone number: _____

Does your child take any medications? No ___ Yes _____

Child's Allergies: _____

Any limitations for child: _____

Please check all dates in which your child will be attending.

Casco: 07/19/10 _____ 07/27/10 _____ 08/02/10 _____ 08/09/10 _____ 08/16/10 _____

Luxemburg: 07/20/10 _____ 07/27/10 _____ 08/03/10 _____ 08/10/10 _____ 08/17/10 _____

Kewaunee: 07/21/10 _____ 07/22/10 _____ 08/04/10 _____ 08/11/10 _____ 08/18/10 _+____

Algoma: 07/22/10 _____ 07/29/10 _____ 08/05/10 _____ 08/12/10 _____ 08/19/10 _____

I authorize my child to participate in the summer programs provided by the Kewaunee County Sheriff's Department. I do hereby release, absolve, indemnify and hold harmless the Kewaunee County Sheriff's Department, officers and volunteers appointed by them, in the event of injury to the above named participant. I hereby waive all claims against the Kewaunee County Sheriff's Department, officers and volunteers appointed by them.

Signature of parent or guardian: _____ Date: _____