

Office of the Sheriff

Charles County, Maryland

Headquarters 6915 Crain Hwy - P.O. Box 189 La Plata, Maryland 20646-0189 301-609-6400



Sheriff

May 04, 2015

Dear Parents/Guardians

The Charles County Sheriff's Office would like to take this opportunity to tell you about the Charles County Badges for Baseball camp provided through the Cal Ripken Senior Foundation.

This program will be facilitated by the Charles County Sheriff's Office School Resource Unit. The program is being offered to youths currently in grades 6 through 8 who reside in Charles County. The program takes place at Laurel Springs Park, located at 5940 Radio Station Road LaPlata, Md. This is a three day event starting Wednesday, June 24th, 2014 and runs until Friday, June 26th, 2014. The program hours are 7:00am to 3:00 pm. Parents of participants will be responsible for transportation to and from Laurel Springs Park. There is no cost associated with the Charles County Badges for Baseball camp and <u>participation is limited to the first 96 students accepted into the program.</u>

The camp participants will receive top quality baseball instruction from coaches and players presented by the College of Southern Maryland. The campers get plenty of recreational time that includes a video game trailer and quick pitch games. The program incorporates life skills classes taken from the Healthy Choices/Healthy Children curriculum. These programs include a variety of real world life lessons covering topics such as sportsmanship, decision making, conflict resolution, communication skills, teamwork, leadership, nutrition, and self management.

No baseball experience is required to participate. Your camper is encouraged to bring a baseball glove, wear comfortable shoes and dress for the weather *(NO CLEATS)*. We will have limited number of baseball gloves on hand. Lunch is provided free of cost each day. For the safety of all campers parents will not be permitted to be on the grounds during the camp.

If you would like your child to participate in the Charles County Badges for Baseball camp, please complete the enclosed registration form and return it as soon as possible to your child's School Resource Officer.

You will be contacted by June 10, 2015. Completed registrations do not guarantee a spot in the camp.

Should you require any additional information on the Charles County Badges for Baseball camp, do not hesitate to contact Sgt. Mike Vaughn at 301-392-7595 or Cpl. Chris Cusmano at 301-753-1759

Sincerely,

Sheriff Troy D. Berry Charles County Sheriff's Office



BADGES FOR BASEBALL CAMP

Join the Charles County Sheriff's Office for the 2015 Badges for Baseball Camp funded by the Cal Ripken, Sr. Foundation. Coaches and players from the College of Southern Maryland baseball team will teach children the fundamentals of baseball and Sheriff's officers will teach sportsmanship. The camp is FREE.

CAMP INCLUDES:

- Baseball instruction
- Lunch (all three days)
- A Badges for Baseball t-shirt
- Character education conducted by the CCSO School Resource Unit
- Video Game Trailer

DETAILS June 24 – 26 7 a.m. – 3 p.m.

Laurel Springs Regional Park (La Plata)

CURRENT STUDENTS GRADES 6-8

LIMITED TO FIRST 96 REGISTRANTS

CHARLES COUNTY RESIDENTS ONLY

BADGES FOR BASEBALL PARTICIPANT INFORMATION

Child's Name	Age	T-Shirt Size
	* Please s	specify youth or adult size S, M, L, or , XL.
CONTACT INFORMATION		
Parent/Guardian Name		

Address	City	StateZip
E-mail	р	Phone Number

Emergency Contact Name_____ Phone Number _____

Registration will not be accepted without the required attached medical forms completed

ALL COMPLETED FORMS MUST BE RETURNED TO A SCHOOL RESOURCE OFFICER. FOR MORE INFORMATION PLEASE CALL SGT. MIKE VAUGHN AT 301-399-0758 OR CPL. CHRIS CUSMANO AT 301-753-1759.

Health History/ General Information: Page 1

Childs Full Name:				Child's full name.		
DOB:	Age:	Gender:				
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Mother's full name:				an a salar i de salar staat		
Telephone: (home)		(cell)	(work)			
Father's full name:			(work)			
Telephone: (home) _		(cell)	(work)			
Health Insurance Con	npany:					
Policy Number:						
Please attach a photocop	y of both sides o	of the insurance card. If you do	o not have medical insurance e	nter "none" above.		
Alternate Emergency	Contact: (in d	case parents cannot be re	ached)			
Alternate contact:		Relationship: (cell) (work)				
Telephone: (home) _		(cell)	(work)			
Alternate contact:		Relationship:				
Telephone: (home)		(cell)	(work)	and the second sec		
Health History:						
Known allergies to M	edications, Fo	ood, Plants, Insect bites o	r stings: (list reaction)			
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Please list any medica	al concerns oi	r health history that you f	eel we should know abou	t your child:		

over

Page 2: Health History Continued

Child's full name: ____

Medications:

List all medications used, including over-the-counter medications: (include medication name, dose, frequency and reason medication is taken) If no medications are taken then write "none" in the space below

Bring medications in the original containers and prescription bottles. Make sure that they are NOT expired, including inhalers and EpiPens. The camp nurses are not allowed to administer the medications to your child, except in an emergency situation. Make sure your child is familiar with the medication and how to properly administer it. We request that at the start of the camp day all medications that are brought to camp will be held at the nurse's station and returned to you at the end of the camp day. The nurses will be available to discuss any health concerns you may have about your child.

The majority of children that come to the Nurse's station are for dehydration. Please make sure your child is having a healthy breakfast and drinking water prior to coming to camp. The drink containers should be filled with either water or Gatorade. Please do not allow your child to bring soda to camp. This increases the likelihood of dehydration as they exercise. Water is always available for your child and encouraged readily by all staff members to drink frequently during the day.