



Troy D. Berry  
Sheriff

# Office of the Sheriff

Charles County, Maryland

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



An Internationally  
Accredited Agency

April 25, 2019

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 5 through 8 who reside in Charles County. The program takes place at **Laurel Springs Park**, located on Radio Station Road in La Plata, Md. This is a two-day event starting **Monday, July 8<sup>th</sup>, 2019** and runs until **Tuesday, July 9<sup>th</sup>, 2019**. The program hours are **8:45am to 2:10pm**. Camp will start promptly at 9:00am. 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 **participation is limited to the first 80 students accepted into the program.**

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, 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. 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.** On (Monday, July 8th), please arrive between 8:30 and 8:45am for registration.

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, 2019. 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 Cpl. Kurt Burger at 301-753-1754 or E-Mail: [burgerk@ccso.us](mailto:burgerk@ccso.us)

Sincerely,

Sheriff Troy D. Berry  
Charles County Sheriff's Office

Childs Full Name: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ (S,M,L,XL)

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Mother's full name: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Father's full name: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance enter "none" above.**

Alternate Emergency Contact: (in case parents cannot be reached)

Alternate contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

**Health History:**

Known allergies to Medications, Food, Plants, Insect bites or stings: (list reaction) **\*\*If your child requires a special diet please provide their lunch\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medical concerns or health history that you feel we should know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

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**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. 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.**