

Kinston Police Department's

CAMP INSPIRE



205 E. King St, Kinston, NC 28501

Phone: (252)939-3160

Youth Summer Camp June 25th – 27th 2025



Application

_____ (student's name) participant in Youth Summer

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

School: _____ Grade (Rising): _____

Parent Or Legal Guardian Name: _____

Parent Or Legal Guardian Phone Number: _____

Emergency Contact Phone Number: _____

Alternate Emergency contact Phone Number: _____

Please list any information about the student we may need to know (such as allergies/medical etc.)

The student and I have read and signed the liability released form. I am allowing my student to participate and I understand that transportation to and from camp will be provided by the parent/guardian. I agree to drop my child off at 8:00 am and will pick my student up at 6:00pm.\

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Once your application is complete, please drop off the application to the above address, or email the application to Dewayne.Craft@kinstonnc.gov or Dinesha.Rouse@kinstonnc.gov

Space is limited to 12 Campers

