Clatsop County Sheriff's Office 1190 SE 19th St. Warrenton, OR 97146



Medical Examiner Division 503-325-8635 edevisser@clatsopcounty.gov

CVV:_

Exp Date:

CSI Forensic Science Camp Registration Form

Requirements for Admission:

- Between the ages of 15-17 by the beginning of August, 2023
- o Completed and Signed Parent/Guardian Consent Form & Registration Form
- Be a first time student of the CSI camp
- Be a resident of Clatsop County
- o \$50 registration fee, payable in person or via mail once student registration is approved

	Student In	formation
irst Name:		.ast Name:
Address:		
Date of Birth: $_$	E-m	ail address:
Home Phone #	:Cell	Phone #:
Parent/Guardio	an Name:	
	Student Conser	nt Statement
Forensic Science with the rules and applicable local,	Camp program ("the Program") d requirements of the Program, a state, and federal laws. I agree	afe manner during my participation in the CSI). I acknowledge and agree that I must comply ny other applicable policies, and all to follow the instructions issued by Program may be dismissed from the Program for
all materials and		es of class materials online. I acknowledge that Clatsop County Sheriff's Office and I will not director or staff.
vill be presented	to me are in the nature of crimirel uncomfortable at any time, I m	Pregon. I acknowledge that the materials that hal hal activities and investigations, including hay leave the camp in the company of a
rinted Name:		Signature:
		Date:
50 Registration	Fee We accept payment in the	e following forms:
□ Cash	Check/Money Order Payable to Clatsop County Sheriff's Office,	Credit/Debit Card Name
	CSI camp in the Memo line	