

## 2017 Randolph County Law Enforcement Youth Camp Application

Name \_\_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Campers Signature \_\_\_\_\_ *Shirt Size S M L XL XXL Sex M or F*

### **A Youth Leadership Camp For Randolph County Youth**

The Randolph County Law Enforcement Association will sponsor a Youth Leadership Camp for students, 11 to 15 years of age, on June 19 through June 22, 2017. The camp staff will be comprised of Law Enforcement personnel. The camp activities will include, not limited to displays, career oriented classes, leadership skills, obstacle course, swimming, marching and other recreational activities. There will be opportunities for discussion and personal contact with some of Indiana's finest law enforcement officers.

### **Medical Information**

Is the child current on all immunizations and tetanus YES or NO  
List any unusual conditions the camp staff should know about (Allergies, Meds, Etc.) \_\_\_\_\_

**If your child is selected and takes any medication, a second release form allowing the staff to dispense the medicine shall be signed prior to camp. This form will be available the first day of camp.**

### **PARENT CONSENT AND RELEASE FORM**

This part of the application is to be completed and signed by a parent or guardian. In cases where parents are divorced, this form must be signed by the parent with legal custody as established in court. I hereby certify that the above applicant is in good physical health and to my knowledge has no medical or physical conditions that would prohibit him/her from participating in any of the activities. I have read all of the information in this application and understand that the camper(s) will be supervised by the camp staff and that if serious injury or illness an attempt will be made to notify the parent or guardian from the information furnished in this form. If it is impossible to reach the parent or guardian, I give my permission for treatment or surgery to be administered as recommended by the attending physician. I/We acknowledge that the applicant knows and appreciates the risk and dangers involved in the Leadership camp Program and are assuming all risk of injury and damage incident to his/her participation in said camp. Further, in consideration of the permission granted to the applicant to participate in the Randolph County Law Enforcement Association, its representatives, agents, officers, employees and officials, from all claims, demands actions and causes of actions of any sort for injury sustained by the applicant and from any damages to applicant and/or applicants property as a result of the camp activities which include, but not limited to, displays, career-oriented classes, obstacle courses, swimming, tug of war, marching and other recreational activities.

I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AND RELEASE FORM AND REQUEST THAT THE ABOVE APPLICANT BE PERMITTED TO ATTEND THE CAMP SUBJECT TO THE ABOVE TERMS AND CONDITIONS

Campers Physician's name	Physicians phone number	Date
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Parent/Guardian signature	Phone number	Cell number
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Alternate emergency contact	Phone number	Cell number
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THIS APPLICATION MUST BE SUBMITTED TO YOUR LOCAL LAW ENFORCEMENT AGENCY BY MAY 30, 2017 THE NUMBER OF CAMPERS WILL BE LIMITED! INFORMATION WILL BE FOWARDED TO EACH SELECTED CAMPER WITHIN 14 DAYS OF CAMP START DATE.