

DARE Camp Application

Delphos Camp\_\_\_\_\_ Allen County Camp\_\_\_\_\_ Both\_\_\_\_\_ (\$20.00 each camp)

Name\_\_\_\_\_ Camper\_\_\_\_\_ Youth Leader\_\_\_\_\_

Address\_\_\_\_\_

Phone# \_\_\_\_\_ Age \_\_\_\_\_ M/F\_\_\_\_\_

School \_\_\_\_\_ Grade\_\_\_\_\_ 2017/2018

Choose T-shirt Size:

In addition to this completed application, a signed accident waiver form must also be on file before you can participate in DARE Summer Camp Activities. The original waiver form must be in possession of the officer when transporting a member to any off-site activity.

I, \_\_\_\_\_ agree to follow all rules and regulations concerning conduct and dress. Should I violate these rules I understand that I may be subject to expulsion from the camp.

Camper's Signature \_\_\_\_\_

Accident Waiver Form

I, \_\_\_\_\_ release the Allen County Sheriff's Office and Camp Supporters from any and all liabilities and responsibilities pertaining to accidents, injuries or complications resulting from activities or while transporting participant to or from activities. I authorize the DARE Summer Camp Leadership to transport my child to the nearest hospital in care of injury or suspected injury while the child is involved in the DARE Summer Activity. I authorize the hospital attending physician to administer the necessary emergency professional medical care to my child, upon his/her arrival to the hospital.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact Form

Parent Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Other Adult Contact in Emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

List any and all physical or medical conditions which affect participation in any DARE camp activities. Please Explain \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

List any medications that child is currently taking \_\_\_\_\_