DARE Camp Application

Delphos Camp _	Allen Co	unty Camp	Both	(\$20	.00 each ca	amp)
Name			Camp	er	Youth Lead	der
Address						
Phone #		A	ge	M/F		
School			<u>Grade</u>		_entering in the fall	
Please note car	nps are for st	udents 4 th -8 th				
Circle T-shirt Si	ze:					
Youth/Medium	Youth/Large	Adult/Small	Medium	Large	X-Large	XX-Large

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 & 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 case 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	Email			
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

*Please send DARE camp application form to: Allen County Sheriff's Office DARE Program, located at 333 N. Main St. Lima, Ohio 45801. Make checks payable to Allen County D.A.R.E Program.