

DARE Camp Application

Delphos Camp _____ Allen County Camp _____ Both _____ (\$25.00 each camp)
Name _____ Camper _____ Youth Leader _____
Address _____
Phone # _____ Age _____ M/F _____
School _____ Grade _____ 2018 / 2019
Circle T-shirt Size:

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 _____