



Lovejoy Police Department Summer Camp Registration

Limited spaces, first come-first served

Camp Hours

Camp hours are Monday, June 25, 2018 through Friday, June 29, 2018; 10am-4pm

Dress Code

Children should wear comfortable clothing appropriate for daily physical activities.

Tennis shoes are allowed and encouraged. NO flip flops.

Clothing shall be free from words, slogans or pictures that advertise drugs, sex or alcohol or which contains vulgar or offensive writing, racial slurs, suggestive pictures or emblems that refer to membership in gangs.

Transportation

It is the responsibility of the parent or guardian to transport the participant to and from the Police Department each day. Certain events require the transportation of the participants to other locations which will be done in Lovejoy PD vans, busses or patrol cars. Parent(s) or individual picking up campers are required to show a photo ID and must be listed on the registration form.

Lunch

Lunch and other refreshments are provided.

Participant's Name _____

Gender M F **Age (6-12 only)** _____ **DOB** _____ **Shirt Size** _____

Parent/Guardian Name _____ **Relationship to Participant** _____

Phone _____ **Email** _____

Address _____ **City/State Zip** _____

Parent/Guardian Name _____ **Relationship to Participant** _____

Phone _____ **Email** _____

Address _____ **City/State Zip** _____

Emergency Contact

1. **Name** _____ **Phone** _____ **Relationship** _____

2. **Name** _____ **Phone** _____ **Relationship** _____

Are there any special requirements, learning disabilities, or special needs? Yes No

If yes, please specify _____

Does your child have any allergies? Yes No

If yes, please specify _____

Does your child have any dietary restrictions? Yes No

If yes, please specify _____

Is your child currently taking any medication? Yes No

If yes, will this medication be taken during camp hours? Yes No

If yes, please specify including type of medication, times, and how it should be administered

_____ I authorize a representative of the Lovejoy Police Department to dispense the medication listed above

Medical Health Insurance Company _____

Policy Number _____

Policy Holder _____

Primary Physicians Name _____

Phone _____

Does your child have any special medical needs or

List any individuals other than parents authorized to pick up camp participant

I authorize and understand that my child may participate in activities at religious facilities, including but not limited to churches Yes No

I understand that my child may be removed from camp for inappropriate behavior or behavior that endangers themselves or others Yes No

I give consent for staff to photograph participant and understand that images may be used for promotional materials including the City's website and social media Yes No

Waiver and Release

In consideration of being permitted by the City of Lovejoy to participate in The Lovejoy Police Department Summer Program, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities at said facilities. This release is intended to discharge in advance the City of Lovejoy, Lovejoy Police Department, its officers, employees and agents from any and all liability arising out of or connected in any way with my participation in activities at this or any City of Lovejoy facility even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. . I hereby affirmatively state that I am physically able to participate in said activity. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless, the City of Lovejoy, Lovejoy Police Department, its officers, employees and agents from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in any activity at this or any other Lovejoy facility.

I understand that by participating, all Participants consent to photo images taken by Lovejoy staff during this activity to be used in any or all Lovejoy publications and websites.

I am the parent or legal guardian of the participant listed below. I hereby consent that the participant may participate in activities at The Lovejoy Police Department Summer Program and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said activity. I hereby agree to personally supervise and monitor participant while engaged in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that said participant may sustain while participating in activities at any such Lovejoy facility.

I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the City of Lovejoy and I sign it of my own free will.

Signature _____

Date _____