

**LAWRENCE POLICE DEPARTMENT
2017 POLICE CAMP
APPLICATION FORM**

Application deadline is Friday, May 27, 2017

Child's Name: _____ Phone # _____

Address: _____ Zip _____

DOB: ____ - ____ - ____ Age ____ Gender ____

Name of School: _____ Grade: _____

Parent (or Guardian #1) Name: _____

Email Address: _____

Address: _____ Zip _____

Home phone # _____ Work phone # _____ Other# _____

Parent (or Guardian #2) Name: _____

Home phone # _____ Work phone # _____ Other# _____

Email Address: _____

Address: _____ Zip _____

Briefly explain why you want to participate in the program:

Has your child previously attended Police Camp? Y N

If yes, how many times have they attended: _____

Circle child's desired shirt size: Youth - S M L Adult - S M L

Parent / Guardian Signature:

_____ Date: _____

LAWRENCE POLICE DEPARTMENT 2017 POLICE CAMP

MEDICAL INFORMATION / AUTHORIZATION FORM

Child's Name: _____ DOB _____

Address: _____ Ph. _____

Other Emergency Contacts than Parents / Guardians:

Name: _____ Relation to child: _____ Ph. _____

Name: _____ Relation to child: _____ Ph. _____

MEDICAL INFORMATION

Doctor's Name: _____ Ph. _____

Clinic or Hospital
Preference: _____

IMMUNIZATIONS:

DPT Series _____ booster _____ Tetanus _____ Polio OPY (Sabin) _____ booster _____

PHYSICAL CONDITIONS

Ear Infections _____
Rheumatic Fever _____
Convulsions _____
Diabetes _____
Heart Problems _____

ALLERGIES

Hay Fever _____
Poison Ivy, etc. _____
Insect Stings _____
Penicillin _____
Sulfa Drugs _____

DISEASES

Chicken Pox _____
Measles _____
German Measles _____
Mumps _____
Asthma _____

Other health problems not listed that prevents physical activity: _____

Any medications currently being taken? Yes or No If so, please specify:

HEALTH INSURANCE

Company Name _____

Policy # _____ Group # _____

AUTHORIZATIONS

(Please initial the lines that apply and sign below)

____ 1. The health history on this form is correct so far as I know; the child described herein has permission to engage in all program activities, except as noted by me and/or recommended by our physician.

____ 2. If I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, named above.

MY SIGNATURE BELOW CONSTITUTES AUTHORIZATION FOR ITEMS INITIALED ABOVE.

PARENT / GUARDIAN

SIGNATURE _____

DATE _____

LAWRENCE POLICE DEPARTMENT
2017 POLICE CAMP
WAIVER OF LIABILITY FORM

In consideration of my child's participation in this activity, I

_____ hereby release and discharge the
(Please print parent / guardian name)

Lawrence Parks and Recreation Department, the Lawrence Police Department, any city employee, and any individual police officer from any and all liability arising from accident, injury, and illness that (he/she) may suffer as a result of participation in this program. I understand that I do not have to sign this waiver, but by not doing so my child will not be able to participate in the program.

(Please print child's name)

(Parent / guardian signature)

(Date)



LAWRENCE, KANSAS POLICE DEPARTMENT RELEASE FORM

I hereby give the Lawrence, Kansas Police Department permission to use:

Initials

My likeness, image and/or voice.

The likeness, image and/or voice of my minor child, whose name is listed below, and for whom I certify I have legal authority to enter into this release as either a parent or legal guardian.

The likeness, image or voice will be recorded as a still digital photographic image or digital video image with audio, or any equivalent format. I authorize the use of the likeness, image and/or voice on the Lawrence Police Department's public and in-house websites, for promotional or other purposes. No compensation or special consideration has been offered to me or my minor child in agreeing to or in the signing of this release. I further realize that the Lawrence Police Department will not receive, solicit or accept any financial benefit from the use of any image of me or my minor child.

I also understand and give permission to the Lawrence Police Department in the placement of accompanying text, including a banner, headline and/or written narrative when it accompanies images displayed on their websites.

I waive any right to inspect or approve any works created pursuant to this authorization.

I understand I have the right to revoke this Release in writing, except to the extent my name, image, written or spoken words, or voice have already been used or disclosed pursuant to this Release at the time of the revocation.

I hereby release, discharge and agree to hold the City of Lawrence harmless from any liability that may arise from the use and disclosure of my name, image, written or spoken words, or voice authorized above.

Print Adult Name: _____

Adult Signature: _____

Print Minor Name: _____

Date: _____