

Dear Parents:

This summer the Arlington County Police Department will provide a five day Safety Patrol Camp for Arlington County students going into the 4th or 5th grade. Safety Patrol Camp is for those students who would like to be Safety Patrols for the upcoming school year. Children attending this camp will receive instruction on their patrol responsibilities.

This year's program will be held at Carlin Springs Elementary School located at 5995 South 5th Road, Arlington, Virginia 22204. The camps will be supervised by Arlington County Police Officers. Due to budget limitations, we will only be providing drinks and snacks.

Participants are responsible for bringing their own lunch during the camp sessions. Transportation will be the responsibility of the parents or guardians. Campers are expected to participate in all camp activities, including some strenuous physical exercise and sporting events.

The children need to report to their location by 8:00 A.M. and be picked-up by 2:30 P.M. each day. Your child may only attend one session of Safety Patrol Camp.

If you are interested in your child participating in the 2018 Safety Patrol Camp Program, please complete and return the application form to Ms. Rosemary Sejas, Arlington County Police Department, 1425 N. Courthouse Road, Arlington, Virginia 22201. Applications can be obtained on the Department's website at www.arlingtonva.us/police. **A check for \$95.00, made payable to "Treasurer of Arlington County" must be attached to the application. To request a reduction in fees, contact the school-based patrol sponsor directly or school administrator.** After your child is accepted for camp, you will be notified of which session your child will attend.

If you have any questions, please feel free to contact Ms. Rosemary Sejas at (703) 228-4121 or via email at rseja2@arlingtonva.us

Sincerely,

M. Jay Farr
Chief of Police

**ARLINGTON COUNTY POLICE DEPARTMENT
2018 PATROL CAMP APPLICATION**

CHILD'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____ **AGE:** _____ **HOME PHONE:** _____

SCHOOL ATTENDED: _____ **RISING GRADE:** _____

FATHER: _____ **DAYTIME PHONE:** _____

E-MAIL: _____ **CELL PHONE:** _____

MOTHER: _____ **DAYTIME PHONE:** _____

E-MAIL: _____ **CELL PHONE:** _____

GUARDIAN: _____ **DAYTIME PHONE:** _____

E-MAIL: _____ **CELL PHONE:** _____

**(1) PERSON TO CONTACT IN EMERGENCY
(OTHER THAN PARENT OR GUARDIAN)** _____

ADDRESS: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

**(2) PERSON TO CONTACT IN EMERGENCY
(OTHER THAN PARENT OR GUARDIAN)** _____

ADDRESS: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

PLEASE COMPLETE ALL OF THE ABOVE INFORMATION.

All camps will be held from 8:00am - 2:30 pm. Please list the camps in order of your preference (i.e. 1st, 2nd, 3rd or 4th). All camps will be filled on a first come first served basis. The Arlington County Police Department reserves the right to cancel a camp due to low enrollment. Children already enrolled in a camp that is cancelled will be given the opportunity to attend another week or receive a refund. You will be notified as to which camp you are enrolled in. **YOU MAY ONLY ATTEND ONE SESSION OF THE SAFETY PATROL CAMP.**

DATE

LOCATION

PREFERENCE

THE BELOW CONDITIONS MUST BE AGREED TO BEFORE YOUR CHILD IS ACCEPTED FOR CAMP.

1. I agree that my child _____ can participate in field trips sponsored by the Safety Patrol Camp. Should my child become ill or injured while participating in the Safety Patrol Camp or any of its activities, I hereby grant an employee of the Safety Patrol Camp the authority to obtain the emergency medical attention they may deem necessary. The Camp agrees to notify the Parent/Guardian whenever the child becomes ill and the Parent/Guardian will arrange to have the child picked up as soon as possible. I hereby release said person from and agree to indemnify them against any liability arising out of the exercise of the authority here granted.

2. My child has the following medical conditions or restrictions which may require special attention:

Check if applicable (Please detail any items checked below. If no items are applicable, please indicate "None" in box below:

Allergies

Seizures

Medications

Dietary Restrictions

Other

1. I hereby certify that I know of no physical or emotional condition that would prevent my child from participating in the Safety Patrol Camp including but not limited to strenuous physical exercise at the school or other locations.
2. The undersigned is aware that there are certain inherent risks involved in participating in the above listed Safety Patrol Camp including but not limited to the risk of theft or of damage to my property, and the risk of personal injury from participating in recreation activities. In consideration of my being granted permission to participate in these activities and to use the facilities of the County and/or other activities and services provided by the, its agents and employees, including food service, I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the County and all of its Officers, departments, agencies, agents and employees from any and all claims (except for claims based on malicious conduct by County officers and employees), losses, damages, injuries, fines, penalties, and costs (including court cost and attorney's fees), charges, liabilities, or exposures, however caused resulting from, arising out of, or in any way connected to my child or my family's participation in the Safety Patrol Camp. I hereby give my child/ward my permission to go on educational and/or recreational field trips during this program.

I HAVE READ AND UNDERSTAND THIS HOLD HARMLESS AGREEMENT AND BY MY SIGNATURE AGREE TO ITS TERMS. NO ACCIDENT OR MEDICAL INSURANCE IS PROVIDED FOR PARTICIPANTS BY THE ARLINGTON COUNTY POLICE DEPARTMENT.

Parent/Guardian Signature

Patrol Participant's Signature

Date

PHOTO RELEASE

I, the undersigned parent/guardian, hereby give permission without restrictions to Arlington County and its assignees to photograph film or videotape my child during participation of the Safety Patrol Camp. The foregoing consent is granted with the understanding that I specifically waive any rights to compensation with respect to such use of my child's name, likeness, picture and/or voice. The purpose of the Release is to facilitate publicity for County programs.

Parent/Guardian Signature

Patrol Participant's Signature

Date
