



Arlington County Police Department 2019 Safety Patrol Camp Application

Child's Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address: Apartment/Unit #

City State ZIP Code

Date of Birth: _____ Age.: _____

School Attended: _____ Rising Grade: _____

Parent and Guardian Information

1) Parent: _____ Relationship: _____
Email: _____
Daytime Phone: _____ Cell Phone: _____

2) Parent: _____ Relationship: _____
Email: _____
Daytime Phone: _____ Cell Phone: _____

3) Guardian: _____ Relationship: _____
Email: _____
Daytime Phone: _____ Cell Phone: _____

Emergency Contact

Please list contact(s) in case of emergency other than parent and/or guardian.

1) Full Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

2) Full Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

Camp Information

- All camps will be filled on a **first come first served basis**.
- All camps will be held from 8:00am to 2:30pm.
- 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.
- YOUR CHILD MAY ONLY ATTEND ONE SESSION OF THE SAFETY PATROL CAMP.
- All camps will be held at Campbell Elementary School located:
737 S. Carlin Springs Rd Arlington, Virginia 22204
- Please list the camps in order of your preference (i.e. 1st, 2nd, 3rd or 4th).

Date	Preference
July 8 to July 12	
July 15 to July 19	
July 22 to July 26	
July 29 to August 2	



Disclaimer and Signature

Please read below carefully and sign. 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:

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">NONE</td> </tr> <tr> <td>Allergies:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		YES	NO	NONE	Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">NONE</td> </tr> <tr> <td>Dietary Restrictions:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		YES	NO	NONE	Dietary Restrictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3) 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.

4) 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 Signature: _____ Date: _____

Parent 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 Signature: _____ Date: _____

Parent Signature: _____ Date: _____