ROCKFORD POLICE

SAFETY CAMP

DATE: August 12th and 13th, 2014 (Tuesday and Wednesday)

TIME: 10 a.m. to 4 p.m.

LOCATION: New Zion Missionary Baptist Church

604 Salter Ave

Rockford, IL 61102

AGE: Students entering 4th grade

COST: FREE! Snacks and lunch will be provided.

QUALIFICATIONS: Interest in learning about Safety. Willingness to learn, have a positive attitude, and have fun. The camp provides an opportunity for 4th grade children to spend time with their local Police Officers and learn much more than just the usual safety lessons. This camp is also designed to teach students about Fire Safety, Water Safety, Gun Safety, Animal Safety, and much more. If you have any questions, please contact:

Officer Rob Washo at (815) 494-3865 (Robert.Washo@Rockfordil.gov)

Officer Nathan Kohanyi at (815) 494-2224 (Nathan.Kohanyi@Rockfordil.gov)

Officer Ryan Cory at (815) 378-7888 (Ryan.Cory@Rockfordil.gov)

ROCKFORD POLICE

SAFETY CAMP

Please print clearly and fully complete the form. When completed, sign and date the form and drop if off at the Rockford Police Department or mail to:

Officer Rob Washo, Rockford Police Dept., 420 W. State St., Rockford, IL 61101

You will be notified by phone or e-mail upon your acceptance into the program. Class size is limited, so return this application as soon as possible. Thank you!

Name (Last, First, Middle):_____

Parent/Guardian's Name:_____

Address:_____

Telephone:_____E-mail address:_____

Date of birth/**Age**:_____M/F:_____Shirt size:_____

School:_____Grade:_____ List any food allergies:_____

ALTERNATE EMERGENCY CONTACT:(Other than parent information listed above):

NAME:_____RELATIONSHIP_____

ADDRESS:_____PHONE:_____CELL:_____

Do you have any physical disabilities for which we may have to make accommodations? _____If so, please tell us what accommodations are needed:

_____

_____

_____

Have you ever been arrested for anything other than traffic violations:_____

If so, please explain:

As a requirement for the Junior Police Academy, the police department may perform a criminal history check on all applicants that are initially selected to participate in the program. All records are kept confidential.

I hereby authorize the Rockford Police Department to search the files of the national and local criminal record database for any criminal history record.

Parent's Signature

Student's Signature

Date

ROCKFORD POLICE SAFETY CAMP

Emergency Authorization For:

Juvenile's name

I hereby give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to above named child if needed. This form may be photocopied for use during the program.

_____ _____

Signature of Parent/Guardian **Date**

Waiver of Civil Liability

Rockford Police Safety Camp

I hereby waive any and all claims and demands of whatever nature which I have or may hereafter acquire against the City of Rockford, the Rockford Police Safety Camp, its officers and agents, as a result of my permission for my child's participation in the Rockford Police Safety Camp on the date and time specified: between the hours of 10:00 a.m. and 4 p.m. on August 12th, 2014 and August 13th, 2014. I further agree that my child will comply with all rules of the program and any instructions or orders issued by the program coordinators in connection with the program. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part and my child.

_____

Parent/Guardian's Name (Please Print)

_____ _____

Signature **Date Signed**

ROCKFORD POLICE

SAFETY CAMP

RULES AND REGULATIONS

1. Each participant must complete an application and have a parent/guardian sign a parental permission authorization. Applications will be reviewed for approval of attendance.
2. Except for sickness, emergencies and pre-approved absences, participants should not be absent.
3. Participants are expected to dress **appropriately**. Sagging pants, short shorts, and tank tops/spaghetti strapped tops are **NOT** allowed.
4. Participants shall not be armed at any time during the Safety Camp. This includes pepper spray, handguns, knives, pocketknives, or any item which can be construed as a weapon. Any violation of this rule could result in immediate dismissal from the Safety Camp.
5. Participants are to be **polite** and **respectful** of all instructors, police officers, other adults and students during the Safety Camp. Raise your hand if you want to speak. Foul language will **not** be tolerated.
6. It is important that camp start on time and there are as few disruptions as possible, therefore, any student more than 10 minutes late may be dismissed from attending that session by the instructor (at the option of each individual instructor).

I certify that I understand the requirements of participating in this program.

_____ _____

Student's Signature Date

_____ _____

Parent's/Guardian's Signature Date