



CAMP D.A.R.E.

July 5 - 9, 2010

8:00 am - 4:00 pm

at

Leonardtown High School

23395 Point Lookout Road, Leonardtown, Maryland

5th & 6th Grade Students
(2010-2011 School Year)

Camp D.A.R.E. is free

Parents must provide transportation to and from camp each day

Elementary D.A.R.E. program will be taught by
certified D.A.R.E. Instructors

Daily activities and lunch will be provided for all participants

Applications are available at the Sheriff's Office and at
www.firstsheriff.com

For more information contact Sgt. Diane Fenwick 301-475-7844 x
1978 or at diane.fenwick@co.saint-marys.md.us

DARE





CAMP D.A.R.E.

July 26 - 30, 2010

8:00 am - 4:00 pm

at

Carver Recreation Center

47382 Lincoln Ave. Lexington Park, MD

20653

5th & 6th Grade Students
(2010-2011 School Year)

Camp D.A.R.E. is free

Parents must provide transportation to and from camp each day

Elementary D.A.R.E. program will be taught by
certified D.A.R.E. Instructors

Daily activities and lunch will be provided for all participants

Applications are available at the Sheriff's Office and at
www.firstsheriff.com

For more information contact Sgt. Diane Fenwick 301-475-7844 x
1978 or at diane.fenwick@co.saint-marys.md.us

DARE



CAMP D.A.R.E.

APPLICATION

Participant Name:
First: _____ Middle Initial: _____ Last: _____
Sex: _____ Race: _____ Date of Birth: _____ T-Shirt Size: _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address (If Different): _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____
Parent/Guardian Name(s): _____
Parent Work/Cell Phone Numbers: _____
Emergency Contact if Parent/Guardian Unavailable: _____
Phone Number: _____
School: _____ Grade (2010-2011 School Year): _____
Medical Conditions that may impact your child's participation and/or reasonable accommodations that may be required to facilitate access and/or participation in Camp D.A.R.E.: _____

Participant Medical Information(Attach additional pages if necessary.)

Medical Conditions: _____
Allergies (to include food/special diet): _____
Medications: _____
Initial if any medications are to be taken while at camp: _____

*All medications to be taken while at camp will be in their original bottles and submitted to the camp medic upon arrival at camp each day by the parent and returned at the end of each day to the parent. Written instructions for administration shall accompany medications and be signed by parent/guardian.

Participant's Physician's Name: _____
Physician's Phone Number: _____

The St. Mary's County Sheriff's Office, St. Mary's County Public School System, and St. Mary's County Parks and Recreation does not discriminate on the basis of race, color, sex, age, marital status or sexual orientation, national origin, religion or disability in matters of employment or providing access to programs.

Camp D.A.R.E. Medical Release:

I understand first aid will be available at CAMP D.A.R.E.; participants will be supervised and hospital care will be given at the expense of the parent/guardian if warranted. I further understand in case of serious injury or illness, I will be notified. If it is impossible to reach me in a timely manner, I hereby give my permission for emergency treatment or surgery as recommended by the attending physician.

(Parent/guardian signature: _____ Date: _____

Camp D.A.R.E. Parent/Guardian Indemnification and Release:

I/we, the undersigned parents/guardians of _____ (student), as a condition precedent of student’s enrollment and participation in Camp D.A.R.E., grant permission for the student to attend and fully participate in Camp D.A.R.E. and all related activities. As parents/guardians of the student, we recognize and fully appreciate that there are inherent risks of injury and harm arising out of participation in any summer camp program and, in recognition of such risks, hereby agree, on our own behalf and on the behalf of the student and our and the student’s heirs, executors, successors, assigns, beneficiaries, and insurers, agree to remiss, release, and forever discharge the St. Mary’s County Sheriff’s Office, the Board of Education for St. Mary’s County, St. Mary’s County Parks and Recreation, and their respective employees, assigns, and insurers, of and from any and all liability for any and all claims for personal injury, death, or property damage that may be suffered by us or by our student while participating in Camp D.A.R.E. and all related activities except for such claims as may arise out of intentional wrongdoing. We further agree that we, as parents/guardians, bear the sole responsibility for providing adequate insurance to cover any potential injury, harm, or loss that may befall the student.

Please check one of the following:

_____ My child will be attending Camp D.A.R.E. at the Leonardtown High School located at 23395 Point Lookout Rd., Leonardtown, MD 20650 from July 5th – July 9th.

_____ My child will be attending Camp D.A.R.E. at the Carver Recreational Center located at 47382 Lincoln Ave. Lexington Park, MD 20653 from July 26th - July 30th.

Signature of Parent/Guardian: _____ Printed Name Parent/Guardian: _____

Signature of Witness: _____ Printed Name Witness: _____

Date: _____ Date: _____



Dear Parent/Guardian,

Your child is being invited to participate in the second annual St. Mary's County [CAMP D.A.R.E.](#) July 5th through July, 9th, 2010 at the Leonardtown High School and July 26th through July 30th, 2010 at the Carver Recreation Center. [CAMP D.A.R.E.](#) is a **FREE** one week day camp for incoming 5th and 6th grade students to the 2010-2011 school year. [CAMP D.A.R.E.](#) is being conducted by the St. Mary's County Sheriff's Office, in cooperation with the St. Mary's County Public Schools and St. Mary's County Recreation and Parks. The camp will be held between the hours of 8:00 a.m. and 4:00 p.m. each day Transportation to and from camp each day will be the responsibility of the parent/guardian. **Students must be signed in and signed out each day by an adult.**

[CAMP D.A.R.E.](#) will be run by members of the St. Mary's County Sheriff's Office and students from the Dr. James A. Forrest Career and Technology Center Criminal Justice program serving as camp counselors. The Drug Abuse Resistance Education, (D.A.R.E.) America, Elementary curriculum will be taught during the week. Each day participants will receive two D.A.R.E. lessons instructed by certified D.A.R.E. Instructors. The D.A.R.E. program seeks to educate students about the harmful effects of drugs, alcohol and involvement in violence. The program is designed to suggest alternatives to these activities, and provide students the tools they need to make good decisions to avoid drugs, alcohol, and violence. Additional activities throughout each day may include: arts and crafts, recreational competitions, and public safety related demonstrations and activities. A morning snack and lunch will be provided for all participants each day.

Medical staff will be present during [CAMP D.A.R.E.](#) to handle any emergencies that may arise and dispense regularly prescribed medication, supplied by the parent/guardian.

[CAMP D.A.R.E.](#) is made possible and free of charge to participants by various financial contributors. Space is limited to 100 St. Mary's County student participants at the Leonardtown High School and 40 St. Mary's County student participants at the Carver Recreation Center on a first-come, first-serve basis. To secure a space for your child please complete the accompanying packet of information and mail or deliver to:

St. Mary's County Sheriff's Office
Attention: Sgt. Diane Fenwick
23150 Leonard Hall Drive, Leonardtown, Maryland 20650

We are looking forward to [CAMP D.A.R.E.](#) and to sharing this opportunity with your child.

If you have questions or would like more information regarding [CAMP D.A.R.E.](#) please call Sgt. Diane M. Fenwick at 301-475-7844 x 1978.

Sincerely,

A handwritten signature in blue ink, appearing to read "Timothy K. Cameron", with a long horizontal flourish extending to the right.

Timothy K. Cameron
Sheriff
St. Mary's County Sheriff's Office



Office of the Sheriff St. Mary's County

Headquarters
23150 Leonard Hall Drive
Leonardtown, MD 20650
301-475-4200 Ext. 1900
301-475-4047 Fax

Detention Center
41880 Baldrige Street
P.O. Box 960
Leonardtown, MD 20650
301-475-4200 Ext. 2200
301-475-4010 Fax



An Internationally
Accredited Agency

Timothy K. Cameron
SHERIFF

Media Release

I, _____, the parent/guardian of _____, hereby give permission to St. Mary's County Sheriff's Office or a media organization authorized by the Sheriff of St. Mary's County, Maryland to photograph, videotape, or record the voice of my son/daughter while engaged in activities associated with D.A.R.E. training within the St. Mary's County Public School system and/or within the St. Mary's County Parks and Recreation system. I understand these photographs/videos/recordings may be used for publication in materials of local, state, or national distribution and I, hereby, authorize their release for such purposes.

Signed _____ Date _____

Witnessed _____