



# Camp D.A.R.E.

**Date: 08-08-11**

**Thru**

**08-12-11**

**Time: 8:00**

Calling all **5th & 6th** Grade Students (2011-2012 School Year)

Come to the 4th Annual St. Mary's County Sheriff's Office Camp D.A.R.E. Campers will learn about good decision making, conflict resolution, drug resistance, build new friendships, and engage in healthy competition.

**Camp D.A.R.E. is FREE!**

Daily activities, lunch, and water bottles are provided to all participants.

Applications are available at the Sheriff's Office and at [www.firstsheriff.com](http://www.firstsheriff.com)

For more information contact : Cpl. Angela Delozier  
301-475-4200 ext. 9094 or [angela.delozier@stmarysmd.com](mailto:angela.delozier@stmarysmd.com)

# 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 (2011-2012 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 and St. Mary's County Public School System 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 and the Board of Education for St. Mary's County 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.

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

**Application cut-off date: July 5, 2011**



Dear Parent/Guardian,

Your child is being invited to participate in the fourth annual St. Mary's County **CAMP D.A.R.E.** August 8th through August 12th, 2011 at the Leonardtown High School. **CAMP D.A.R.E.** is a **FREE** one week day camp for incoming 5<sup>th</sup> and 6<sup>th</sup> grade students to the 2011-2012 school year. **CAMP D.A.R.E.** is being conducted by the St. Mary's County Sheriff's Office, in cooperation with St. Mary's County Public Schools. 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 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: Cpl. Angela M. Delozier  
23150 Leonard Hall Drive, Leonardtown, Maryland 20650

**Cut off date for applications: July 5<sup>th</sup>, 2011**

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 Cpl. Angela M. Delozier.

Sincerely,

A blue ink signature of Timothy K. Cameron, written in a cursive style.

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



*Timothy K. Cameron*  
**SHERIFF**

# *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

### 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. 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 \_\_\_\_\_