



Dear Parent/Guardian,

Your child is invited to join St. Mary's County Camp D.A.R.E. (Drug Abuse Resistance Education) held on July 8, 2024 to July 12, 2024 at Real Life Church in Mechanicsville, MD. This is a free five-day camp for incoming 5<sup>th</sup> and 6<sup>th</sup> grade students in St. Mary's County for the 2024-2025 school year. The camp, organized by the St. Mary's County Sheriff's Office in partnership with Real Life Church, runs from 8:00 am and 4:00 pm daily. Parents/guardians are responsible for transporting their child. Please ensure your child is signed in and out of camp by an adult each day.

Camp D.A.R.E. is run by St. Mary's County Sheriff's Office members and St. Mary's County school students are our camp counselors. The week involves teaching D.A.R.E. America Elementary curriculum with two daily lessons from certified instructors. The program focuses on educating participants about the harmful effects of drugs, alcohol, and violence, suggesting alternatives and providing tools for making good decisions. Beyond lessons, the day includes various activities like arts and crafts, recreational competitions, and public safety related demonstrations. All participants receive a daily snack and lunch.

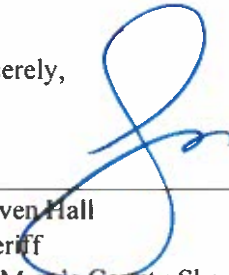
Camp D.A.R.E. is free thanks to generous contributors. Limited to 100 St. Mary's County students, spots are filled on a first-come, first-serve basis. To reserve a spot for your child, please fill out and return the attached information pack. You may either hand-deliver it to St. Mary's County Sheriff's Office Headquarters or scan and email it to:

[CampDare@stmaryscountymd.gov](mailto:CampDare@stmaryscountymd.gov)

**Applications must be submitted by May 31, 2024**

We are excited about Camp D.A.R.E. and can't wait to have your child join us!

Sincerely,



---

Steven Hall  
Sheriff  
St. Mary's County Sheriff's Office

**Camp D.A.R.E Application**

**North End Camp**

(Circle one of the following choices below)

Applying for:

- **Participant in Camp D.A.R.E** (Incoming 5<sup>th</sup> and 6<sup>th</sup> graders in St. Mary's County schools for the 2024-25 school year)
- **Junior Counselor (ages 12-14)**. \*(This is an application for the position; selection will take place closer to camp.)\*

**Participant Name:**

First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt size (Youth sizes) \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_ Contact number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ **\*Please check SPAM folder for emails from Camp DARE and add Camp DARE to contacts to assure constant communication and updates from camp.\***

Emergency contact other than parent/guardian: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

School: \_\_\_\_\_ Grade (2024-2025 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/specific diet): \_\_\_\_\_

Medications: \_\_\_\_\_

**\*All emergency use medication provided to camp staff must 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 the each day to the parent. Written instructions for administration shall accompany medications and be signed by the parent/guardian.**

Participant's physician's name & phone number: \_\_\_\_\_

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

I acknowledge that first aid will be accessible at Camp D.A.R.E., and participants will be under supervision. In the event of a serious injury or illness, I will be informed. If I cannot be reached promptly, I authorize emergency treatment or surgery as advised by the attending medical personnel, with the associated costs borne by myself, the parent/guardian.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I, the undersigned parent/guardian of \_\_\_\_\_, as a condition precedent of the camper's enrollment and participation in Camp D.A.R.E. and all related activities, recognize and fully appreciate that there are inherent risks of injury and harm arising out of participation in any summer camp program. In recognition of such risks, I hereby agree, on my own behalf and on behalf of the camper and our heirs, executors, assigns, and beneficiaries, to hold harmless, defend, and indemnify Camp D.A.R.E., the St. Mary's County Sheriff's Office, the Real Life Church, the Commissioners of St. Mary's County, and their respective officers, elected officials, employees, assigns, and insurers from any and all liability, losses, claims and demands for personal injury, death, or property damage that may be suffered by myself or my camper while participating in or that may hereafter in any way be connected with Camp D.A.R.E.. I further agree that I, as the parent/guardian, bear sole responsibility for providing adequate insurance to cover any potential injury, harm, or loss that may befall my camper. I agree that if any portion of this Indemnification and Release is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media Release**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, hereby give permission to the St. Mary's County Sheriff's Office, or a media organization used by the Sheriff of St. Mary's County, Maryland to photograph, videotape, audio and video record my child while engaged in activities associated with the 2024 Camp D.A.R.E. program while on the property of Real Life Church. 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.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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