

**The 2021 Camp D.A.R.E. has been canceled. Camp D.A.R.E. will return in 2022.**



Dear Parent/Guardian,

Your child is being invited to participate in the annual St. Mary's County CAMP D.A.R.E. to be held on July 26, 2021 through July 29, 2021 at the St. Mary's County fairgrounds. CAMP D.A.R.E. is a FREE four-day camp for incoming 5<sup>th</sup> and 6<sup>th</sup> grade students to the 2021-2022 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 Fairgrounds. The camp will be held between the hours of 8:00 am and 4:00 pm 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 by an adult each day.**

CAMP D.A.R.E. will be run by the 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 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.


CAMP D.A.R.E. is made possible free of charge to participants by various contributors. Space is limited to 50 St. Mary's County student participants on a first-come, first-serve basis. To secure a space for your child, please complete the accompanying pack of information and mail, deliver, or fax to:

St. Mary's County Sheriff's Office  
Attention: Cpl. Jaime Davis #197 / Cpl. Andrew Holton #73  
23150 Leonard Hall Dr., Leonardtown, Maryland 20650  
Fax: 301-475-4047

**Applications must be submitted by June 7, 2021**

We are looking forward to CAMP D.A.R.E. and to sharing the opportunity with your child. If you have any questions or would like more information regarding CAMP D.A.R.E. please contact Cpl. Jaime Davis at [Jaime.davis@stmarysmd.com](mailto:Jaime.davis@stmarysmd.com) or voicemail at 301-475-4200 ext \*8016 / Cpl. Andrew Holton #73 at [Andrew.holton@stmarysmd.com](mailto:Andrew.holton@stmarysmd.com) or voicemail at 301-475-4200 ext \*8034.

Sincerely,

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

# **CAMP D.A.R.E. APPLICATION**

(Circle on of the following choices below)

Applying for: Participant in Camp D.A.R.E.  
Junior Counselor (ages 12-14)

**Participant Name:**

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

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size (child sizes) \_\_\_\_\_

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

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

Mailing Address (if different from above): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address (for camp updates/notifications): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Contact phone number: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

School: \_\_\_\_\_ Grade (2021-2022 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: \_\_\_\_\_

\* 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 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: \_\_\_\_\_

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

Camp D.A.R.E. Medical Release

I understand first aid and 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, the undersigned parent/guardian of \_\_\_\_\_ (student), as a condition precedent of student's enrollment and participation in Camp D.A.R.E. and all related activities. As a parent/guardian of the student I recognize and fully appreciate that there are related activities. As a parent/guardian of the student, I 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 my own behalf and on behalf of the student and our 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 St. Mary's County Fairgrounds 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 myself or my student while participating in Camp D.A.R.E. and all related activities except for such claims as may arise out of intentional wrong doing. I further agree that I, as the parent/guardian, bear the sole responsibility for providing adequate insurance to cover any potential injury, harm, or loss that may befall the student.

I, the undersigned \_\_\_\_\_ agree to complete a daily screener for COVID-19 symptoms and exposure before dropping my child off at camp. If my child has COVID-19 symptoms or an exposure it is my responsibility to notify camp staff immediately. I understand my child may be asked to wear a mask, have their temperature checked and participate in other precautionary measures to prevent the spread and exposure of COVID-19.

Signature of \_\_\_\_\_ Printed Name of \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Application cut-off date: June 7, 2021**

You will be notified via email a confirmation of receipt of application and acceptance into Camp D.A.R.E. You will receive updates closer to Camp via email. If you did not provide an email, you will receive updates via mail.



*Timothy K. Cameron*  
**SHERIFF**

# *Office of the Sheriff*

*St. Mary's County, Maryland*

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. 3200  
301-475-4095 Fax



An Internationally  
Accredited Agency

## Media Release

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, hereby give permission to the St. Mary's County Sheriff's Office, St. Mary's County Fairgrounds, or a media organization 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 the 2021 Camp D.A.R.E. program while on the St. Mary's County Fairgrounds property. This video specifically covers the activities; the D.A.R.E. participants will be involved in each day. 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.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date