



CAMP 2023

Presented by the
Arkansas City Police Department

Dates: August 7th-August 11th

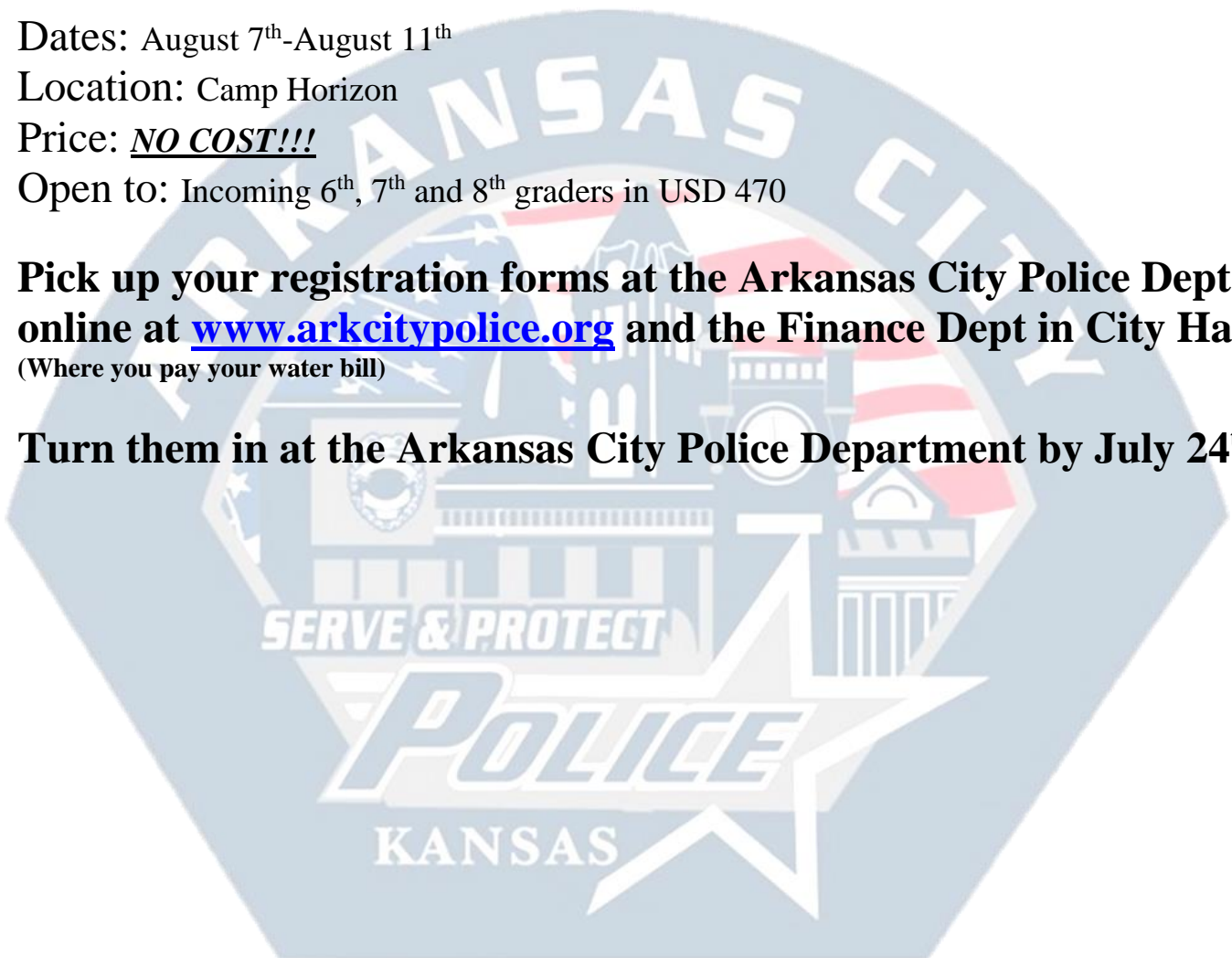
Location: Camp Horizon

Price: **NO COST!!!**

Open to: Incoming 6th, 7th and 8th graders in USD 470

**Pick up your registration forms at the Arkansas City Police Dept,
online at www.arkcitypolice.org and the Finance Dept in City Hall
(Where you pay your water bill)**

Turn them in at the Arkansas City Police Department by July 24th





Arkansas City Police Department Summer D.A.R.E. Camp Registration Form

Buses will take the campers to Camp Horizon. Please drop off the camper at the Cowley College Baseball Field, 1500 S. Summit St, Arkansas City, Ks 67005 *no later than 7:45 a.m.* They will be dropped off back at the Cowley Baseball Field at 3:30pm, 5pm on Friday. Incoming 6th graders thru 8th graders residing in the USD 470 school district allowed at the camp only. No High School Students will be allowed to participate.

The camp is FREE OF CHARGE!!! Breakfast, lunch, and an afternoon snack will be provided. Campers will need to bring swimming clothes in addition to their normal wear each day. While campers may want to bring swimming accessories like sunglasses, towels and flip-flops they must also bring a change of clothes and sneakers as they are required for other activities.

Camper Information

First Name	Middle Name	Last Name
Address		
City	State	Zip Code
Date of Birth	Age	Grade Student Will Be In

Emergency Contact Information

First Name		Last Name		
Address				
City	State	Zip Code	Contact Number	Relationship to Child
First Name		Last		
Address				
City	State	Zip Code	Contact Number	Relationship to Child

People Picking Up Your Child

First Name		Last Name		
Address				
City	State	Zip Code	Contact Number	Relationship to Child

Camper's Shirt Size

(Adult Sizes): Small _____ Medium _____ Large _____ XL _____ 2X _____ 3X _____

Health Information

Please answer each question to the best of your ability, as we will need to know the campers health history to properly ensure his/her safety at this camp

1. Please check if your child currently suffers or has suffered in the past any of the following conditions:

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy/Seizures/Blackouts | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mental/Emotional Problems |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Hernia | <input type="checkbox"/> Chronic Headaches |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Chest Pains |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis/Joint Injuries/Pain | <input type="checkbox"/> Dizziness/Fainting Spells |

If you checked any of the above options, please explain them on the space provided and explain how it has been controlled. Also include any behavioral problems that we may need to be aware of. Plus if your child has any other type of ailment that wasn't listed above, please provide that to us. _____

Circle Yes or No to the questions that relate to your child and use the spaces next to the question to explain any "Yes" answer.

2. Has your child had any operations or serious injuries? **Yes or No** _____

3. Does your child have any prescribed meal plan or dietary restrictions? **Yes or No** _____

4. Does your child have any food allergies? **Yes or No** _____

5. Does your child have any disability or chronic illness that may limit their ability to complete certain activities? **Yes or No**

6. Is your child currently taking any medications? If yes, we will need to know the kind of medication, the dosage and what the medication is for. We will also need to know if any of the medication will need to be administered during Summer Camp. **Yes or No** _____

7. Does your child have Health Insurance? If yes, we will need the Insurance Provider and the Policy Number. **Yes or No**

8. Name of Family Physician _____ Contact Number for Physician _____
9. Are there any other medical or emotional problems that the camp staff needs to know about your child? **Yes or No**

I believe that all of the above information to be true and accurate. There are some certain activities that my child will be participating in that will increase their heart rate, and that they have to exert some energy to complete these activities. In consideration of these activities, I do hereby assume all risks and will hold the Arkansas City Police Department and its staff and volunteers harmless from any and all liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my child or my child's participation in any activities arranged by the Arkansas City Police Department. The terms hereof shall serve as a Release and Assumption of Risk. If there is an illness or injury that occurs while in attendance at the ACPD Summer D.A.R.E. Camp, I understand that all attempts will be made to contact one of my representatives or myself. I give permission to the Arkansas City Police Department and the Arkansas City Fire/EMS to seek all the necessary treatment for my child. Cost of medical care beyond first aid is the financial responsibility of the ill or injured person. I also agree that my child will follow the camp rules at PraireView Christian Camp and that I may be requested to take my child home or leave camp for any violation of camp rules.

 Signature of Parent/Guardian

 Date