

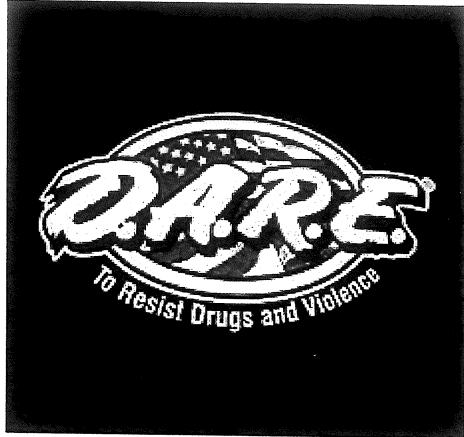
Youth & Adult
Staff

Application
15th Annual
D.A.R.E.

2019

Summer Camp

Youth Staff Application
for Jr. High, High School & College
Students.



June 4th, 5th, & 6th
8:30 a.m. to 3:30 p.m.
Defiance Elementary School
400 Carter Rd.
Defiance, Ohio 43512

Please return application in
person, to Deputy Phipps or
send to the following address
no later than May 17th, 2019
D.A.R.E. Camp Youth Staff Member
113 Biede Ave.
Defiance, Ohio 43512
C/O Deputy Dana Phipps

Name: _____
Age: _____ Sex: _____
Address: _____
City: _____ State _____
Zip: _____ Phone: _____
School you attend: _____
What grade are you going into: _____
College: _____

Adult Staff _____ Youth Staff _____

I authorize the D.A.R.E. Camp
Leadership to transport my child to the
nearest hospital in case of injury or
suspected injury while my child is
involved in the D.A.R.E. Summer
Camp activity.

I authorize the hospital attending
physician to administer the necessary
emergency professional medical care to
my child, D.A.R.E. camp youth staff
member, upon his/her arrival at the
hospital.

_____ Date: _____
Parent's signature required if under 18 years.
If over 18 Participant's signature required.

We will be doing Photo I.D. Cards. Would
you like your Youth Staff Member to have
his/hers done? Yes: _____
No: _____

Hospital Preferred: Please check one:
Defiance Regional: _____

Defiance Mercy: _____
Doctor: _____
Phone# _____

Family Dentist: _____
Phone# _____

Any medication using: _____

Emergency Contact Info.

Parents Home# _____
Parents Cell # _____
Parents Work # _____

Any Physical/Medical Limitations:

Shirt Size: (Please check one)
Adult size
Sm. __ Med. __ Lg. __ Xlg. __ XXI. __

**If you have a sibling(s) that
you would like to be with
please list them here.**

There is no fee to be a Youth
Staff but spots are limited.

