



Camp Do's and Don'ts

DO:

- Come to have fun and meet people.
- Wear camp shirt every day of camp. (Shirts will be given out on first day)
- Wear tennis shoes and socks.
- Dress appropriate for the weather.
- Bring sunblock and mosquito spray, if you feel you will need it for outdoor activities.
- Have parents drop you off at camp no earlier than 8:00 am and pick you up at 3:30 pm

Don't Bring:

- A bad attitude-you will be asked to go home.
- Fighting, cussing and disrespect will not be accepted.
- Gum or candy.

Note:

Lunch will be provided each day, but you may pack your own lunch if desired. Register early so you don't miss out! An itinerary will be sent to your home in May advising further on food and activities. To assure a proper shirt size and camp availability **applications are due by: Friday May 17th**. After due date shirt size can't be guaranteed and applications will be accepted on a first come first serve bases.

Parents: Interested in assisting as an adult staff member contact Deputy Phipps at (419) 784-1155

Activities:

Swimming
Major Water Fight
Crafts
Ultra Sound Games
More Camp Games
Team Competition
and Much More!!!

Prizes:

D.A.R.E. Items
Amusement Park Tickets
Bikes, Shirts
Come & find out what else!!

Instructors will be D.A.R.E. Officers from the following counties Allen, Defiance, Paulding, Van Wert County, Van Wert City & Williams. Also on hand will be Jr. High & High School students from local schools that will be serving as group leaders.

Return application:

In person, respective school or mail to:

D.A.R.E. Summer Camp
113 Biede Ave.

C/O Deputy Dana Phipps

For extra applications go to:

www.defiance-county.com/dcsso/

Located on D.A.R.E. page/section

15th Annual Defiance D.A.R.E. 2019 Summer Camp

June 4th, 5th & 6th

8:30 a.m. to 3:30 p.m.

Defiance Elementary School
400 Carter Rd.
Defiance, Ohio 43512

For students going into
3rd, 4th, 5th, 6th & 7th grades.

\$ 30.00 Registration Fee

Payable to: D.A.R.E. CAMP

Keep a copy of this page
for your records

**Application: All areas
must be completed!**

Name _____
Age ___ Sex ___ Address _____

City: _____
State: _____ Zip: _____
Phone _____
Parent/Guardian _____

School you attend _____
What grade going into? _____
Child size: Sm. ___ Med. ___ Lg. ___
Adult size:
Sm. ___ Med. ___ Lg. ___ XL. ___ XXL ___

In addition to this completed application, a signed accident waiver form must also be on file before a new member can participate in D.A.R.E Summer Camp Activities. The original waiver form must be in the possession of the Officer when transporting a member to any off-site activity. I _____

_____ Camper's Name
agree to follow all rules and regulations concerning conduct and dress. Should I violate these rules I understand that I may be subject to expulsion from the camp.

X _____
Campers Signature

Sheriff's Office Rep. Receiving Form:
Paid with Check# _____ Cash _____

Accident Waiver Form

I, _____
Please Print Parent/Guardian Name
release the Defiance County Sheriff's Office, Defiance County Commissioners, Ayersville Local School, Defiance Rec, Ultra Sound Special Events Inc., Defiance City Schools, Camp Staff & Volunteer Personnel from any and all liabilities and responsibilities pertaining to accidents, injuries, or complications resulting from activities, or while transporting participants to or from activities.

I authorize the D.A.R.E. Summer Camp Leadership to transport my child to the nearest hospital in case of injury or suspected injury while the 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 participant, upon his/her arrival at the hospital.

_____ Date _____

Parent or Guardian signature
If siblings are attending do they want to be in the same group? Yes _____ No _____
Names: _____

_____ If time allows to be completed, we will be doing Kid Photo I.D. Cards which will have the camper's information, including a fingerprint. When card is completed it is then given to the camper to be given to parent. We **keep no records of the information which is collected for the I.D. Card.**

Yes: ___ I.D. my camper
Height _____ Weight _____
No: ___ Do Not I.D. my Camper/Child

Emergency Contact Info

Parent Name _____
Home Phone _____
Business Name _____
Work Phone _____
Cell Phone _____

Other adult contact in case of an emergency:
Name _____
Phone _____

List any and all physical/medical conditions, or special needs which may affect participation in any activities or anything else such as restraining orders which we would need to know:

List any medication that child is taking: _____

Family Doctor:
Name _____
Phone _____

Family Dentist:
Name _____
Phone _____