

# D.A.R.E.<sup>®</sup>

## PALOOZA DAY

GAMES - PRIZES - ROCK WALL  
INFLATABLES COMPETITIONS

WEDNESDAY, JULY 28

8:30am - 4 p

ALLEN COUNTY  
FAIRGROUNDS  
Youth Service Bldg.

\$10 for the  
ENTIRE  
DAY

Lunch &  
T-Shirts  
will be  
provided!

- Only 125 Campers
- Come to have fun & meet people
- Dress appropriate for weather
- Bring sunblock or mosquito spray
- Turn forms in by July 24

Forms are available at [www.acso-oh.us](http://www.acso-oh.us), click on Special Services and then the D.A.R.E. Program to download the forms, or they are available at your school or the Allen County Sheriff 's Office.



## DARE Camp Application

Delphos Camp \_\_\_\_ Allen County Camp \_\_\_\_ Both \_\_\_\_ (\$10.00 per camper, per camp)

Name \_\_\_\_\_ Camper \_\_\_\_ Youth Leader \_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ entering in the fall

*Please note camps are for students grades 4<sup>th</sup> - 8<sup>th</sup>.*

Circle T-shirt Size:

Youth/Medium Youth/Large Adult/Small Medium Large X-Large XX-Large

In addition to this completed application, a signed accident waiver form must also be on file before you can participate in DARE Summer Camp Activities. The original waiver form must be in possession of the officer when transporting a member to any off-site activity.

I \_\_\_\_\_ 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.

Camper's Signature \_\_\_\_\_

## Accident Waiver Form

I, \_\_\_\_\_, release the Allen County Sheriff's Office & Camp Supporters from any and all liabilities and responsibilities pertaining to accidents, injuries or complications resulting from activities or while transporting participant to or from activities.

I authorize the DARE 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 DARE Summer Activity. I authorize the hospital attending physician to administer the necessary emergency professional medical care to my child, upon his/her arrival to the hospital.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## Emergency Contact Form

Parent Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Other Adult Contact in Emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

List any and all physical or medical conditions which affect participation in any DARE camp activities. Please Explain: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

List any medications that child is currently taking \_\_\_\_\_

\*Please send DARE camp application form to: Allen County Sheriff's Office DARE Program, located at 333 N. Main St. Lima, Ohio 45801