

## Camp Information

**Time:** 8am—1pm

**Dress:** Grey shorts, White T-shirt, and athletic sneakers

Please have your child bring a snack and water bottle each day

**Monday:** Drop off/pick up at the police station

**Tuesday - Friday:** Drop off/pick up Meadowlark Field

**Friday - Graduation** at 12:00 followed by a family cookout.

Each morning we will begin camp with stretching and exercise. We will be outside rain or shine so if it calls for rain you may want to send your child to camp with a change of clothes. Also please remember sun-block.

Camps fill quickly and limited space is available so we ask that you only sign your child up for a week where they will be able to attend every day.

**Cost: \$150**

This donation will be used to fund the DARE camp and activities through out the year.

Make checks payable to:  
Franklin Police DARE



# D.A.R.E



## 2018 D.A.R.E. Camp/ Junior Police Academy



Chief Thomas Lynch

[www.franklinpolice.com](http://www.franklinpolice.com)

Franklin Police Department  
Safety Division

Tel: 508-528-1212

PERMISSION AND RELEASE FORM  
RE: CHILD'S PARTICIPATION IN TOWN-SPONSORED ACTIVITY

We/I, the parent(s) and/or legal guardian(s) of \_\_\_\_\_ hereby give permission for said child to participate in the **2018 FRANKLIN D.A.R.E./JUNIOR POLICE ACADEMY**.

We/I acknowledge that our/my child's participation in this activity is voluntary and is within the discretion of the Town and, in consideration thereof, We/I hereby release the Town of Franklin, its POLICE DEPARTMENT, and their employees from any and all claims which We/I or our/my child \_\_\_\_\_ may have as a result of suffering personal injury in any way arising from or related to participation in the above-described activity, resulting from any act or omission of the Town of Franklin, its POLICE DEPARTMENT, and/or their employee(s).

We/I on behalf of ourselves/myself and our/my above named child hereby expressly waive in advance any and all rights to sue which We/I and/or our/my child may have against the Town of Franklin, its POLICE DEPARTMENT, and/or their employee(s) to recover for any loss, damage or expense of any type in any way arising from or related to said child's participation in the above described activity.

We/I expressly agree to indemnify and hold harmless the Town of Franklin, its POLICE DEPARTMENT, and their employees from any and all loss, damage, or expenses, including court's costs and attorney's fees, which they or any of them suffer as the result of our/my above named child or anyone on the child's behalf filing a civil action against the Town of Franklin, its POLICE DEPARTMENT, or their employees, in any way arising from or related to said child's participation in the above described activity at any time either prior or subsequent to said child's eighteenth birthday.

Witness my/our hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Parent and/or legal guardian

\_\_\_\_\_  
Parent and/or legal guardian

**NOTE:** This is a legal document in which you agree to give up the right to sue the Town of Franklin in the event your child is injured while participating in the above described activity; if you do not understand the language or have any questions, consult an attorney before signing.

**2018 Franklin D.A.R.E./Junior Police**

**Academy**

Please Print

Name: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Present Grade \_\_\_\_\_

**July 23-27 2018**

**T-Shirt Size (Adult sizes): Please circle one**

S      M      L      XL

IN CASE OF EMERGENCY

Parent/Guardian \_\_\_\_\_

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

Cell Phone/Pager \_\_\_\_\_

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

Alternate Contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

**Email address:** \_\_\_\_\_

Does the applicant have any medical conditions?  
(i.e. diabetes, allergies)      YES      NO

If yes please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant taking any medication?      YES      NO

If yes please list and explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

Insured's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_