

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



2017 D.A.R.E. Camp/ Junior Police Academy



Chief Thomas Lynch

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 **2017 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 _____, 2017

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.

2017 Franklin D.A.R.E./Junior Police

Academy

Please Print

Name: _____

Address: _____

Date of Birth _____ Present Grade _____

July 31-Aug 4 2017

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 _____