



March 4, 2019

**Dear Parent/Guardian/Custodian:**

Enclosed are several forms that must be completed, signed and returned to apply for your child to participate in the City of Durham Police Department Summer Camp. Please include a **copy** of your child's **BIRTH CERTIFICATE** with the application package. All participants must be at least 9 years old and no older than 13 years of age. If you have any questions, please call Senior Patrol Officer Andrea at (919) 201-0920 or email [Gregory.Andrea@durhamnc.gov](mailto:Gregory.Andrea@durhamnc.gov).

**All completed applications must be returned by May 3, 2019 to the On-Duty Desk Officer located on the first floor of the new Durham Police Headquarters. The address of the new police headquarters is 602 E. Main Street.** Taking your application elsewhere may result in a delay or it being lost.

A confirmation letter will be sent to you after your child has been accepted into the summer camp. A parent/legal guardian or custodian of the applicant child who receives a confirmation letter **must** attend the "**Parent Orientation**" where detailed information about the camp will be provided. Failure to attend the Parent Orientation will result in ineligibility for participation in this summer camp.

**Respectfully Yours,  
Senior Patrol Officer G. Andrea  
Community Services Division  
School Resource Officer  
(919) 201-0920**





# CAMP SESSIONS Sign-Up

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female

**\*Please attach a copy of your child's birth certificate. \***  
**Please select one of the following Summer Camp dates for your child.**

**CAMP #1**  
**JUNE 17-21, 2019**

**CAMP #2**  
**JULY 15-19, 2019**

**CAMP #3**  
**August 12-16, 2019**

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## PARENT/GUARDIAN SIGNATURE

Office Use Only:

Date Received: _____	Time Received: _____
Officer Name: _____	Employee #: _____



# CITY OF DURHAM POLICE DEPARTMENT SUMMER CAMP

## Registration Form

**Please Print Legibly:**

**Name of Child:** \_\_\_\_\_ **Gender:**  Male  Female  
Last First MI

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**T-Shirt Size:** (circle one) YS YM YL AS AM AL AXL AXXL **Other:** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_  
Last First

**Phone:** (H) \_\_\_\_\_ (C) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Phone (W):** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_  
Last First

**Phone:** (H) \_\_\_\_\_ (C) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Phone (W):** \_\_\_\_\_

**Emergency Contact:**

If Parent/Guardian cannot be reached, who should be contacted in the event of an emergency?

**Name/Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

In addition to parent/legal guardian, to who can your child be released?

**Name/Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name/Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Information:**

**Physician's Name:** \_\_\_\_\_ **Office#:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Office#:** \_\_\_\_\_

Does your child have any medical condition or disability that requires a special accommodation? **Yes** **No**  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

The City of Durham Police Department does not provide one-on-one support. If participant needs this level of support you will be responsible for providing it.

*Please initial:* \_\_\_\_\_ I acknowledge that if my child needs 1:1 support that I am required to provide it.



Will your child need to self-administer medication during the hours of participation in the program? **Yes No**  
 If yes, please describe. \_\_\_\_\_

The City of Durham Police Department does not administer, nor assist with or ensure the self-administration, of medication. If your child requires assistance with the administration of medication, you will be responsible for providing it.

**Please initial:** \_\_\_\_\_ I acknowledge that if my child needs assistance with the administration of medication I will be responsible for providing it.

Does your child have any food allergies? **Yes No**

If yes, explain. \_\_\_\_\_

Lunches, snacks and beverages will be provided during the program. You may contact a program facilitator for general information concerning the types of food and beverages that may be provided. Please note that a complete and detailed list of all menu items may not be available in advance. The City cannot provide one-on-one monitoring during this program. You are responsible for ensuring that your child is capable of making appropriate decisions with regard to his/her dietary restrictions. In addition, substitutions will not be provided by the City. You are responsible for providing your child with any substitutions to guard against the potential of food allergies or sensitivities.

**Please initial:** \_\_\_\_\_ I acknowledge that the City will not provide monitoring for food allergies, that I am responsible for ensuring that my child is capable of making appropriate decisions with regard to his/her dietary restrictions, and that I am responsible for providing any food/beverage substitutions.

**Parent/Legal Guardian**

**Date:**

**Signature:** \_\_\_\_\_



**CITY OF DURHAM POLICE DEPARTMENT  
SUMMER CAMP  
Rules of Conduct and Behavior**

**Proper Dress (all participants are representatives of this Camp and should dress accordingly).**

**Participants are prohibited from wearing clothing, jewelry, book bags, or other articles of personal appearance which:**

- depict profanity, vulgarity, obscenity, or violence;
- promote use or abuse of tobacco, drugs, or alcohol;
- may create a threat to the health or safety of the participant or others;
- are associated with intimidation, violence or violent groups; or
- may create a significant risk of disruption to the operation of the camp.

**The following specific items are also not permitted:**

- clothing worn in such a manner so as to reveal underwear, cleavage, or bare skin between the upper chest and mid-thigh;
- bare feet, bedroom slippers;
- spaghetti straps, strapless tops, halter tops;
- see-through, mesh garments;
- trousers, slacks, shorts worn below waist level;
- clothing that is excessively baggy or tight;
- skirts and shorts shorter than mid-thigh;
- sunglasses worn inside a building;
- hats, caps, hoods, sweat bands and bandannas or other head wear worn inside a building; and any other article of clothing that is physically revealing or provocative

**Behavior**

- Chewing gum is not allowed while riding in City vehicles or while indoors
- Walkmans, CD players, tablets, Ipods and radios of any type are prohibited. Cell phone use is allowed only in emergency situations.
- Fighting, arguing, cursing, or any other behavior that may cause a disturbance is prohibited.
- All facilitators will be shown the proper respect due to any guest.
- There will be no talking during training sessions except when deemed appropriate by facilitator.
- All rules of conduct apply during participation in the camp, including transportation to and from sites.
- Instructions of facilitators must be followed at all times.

**We acknowledge receipt of the foregoing policy. We have read the terms and provisions and understand them fully. We agree to abide by all provisions in the policy and understand that if any or all parts thereof are violated then participation in the program may be restricted or terminated immediately.**

**Signed and agreed upon \_\_\_\_\_ Date : \_\_\_\_\_**

**Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



# Medical and Disability Information Sheet

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Health/Medical History:

Check items that apply, past or present, regarding your child's health history:

- |                                                |                                                        |                                              |
|------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Dietary Restrictions  | <input type="checkbox"/> Autism                        | <input type="checkbox"/> Asperger's Syndrome |
| <input type="checkbox"/> ADD or ADHD           | <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Heart Condition     |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> High Blood Pressure           | <input type="checkbox"/> Epilepsy/Seizures   |
| <input type="checkbox"/> Visual Impairment     | <input type="checkbox"/> Behavior/Emotional Disability | <input type="checkbox"/> Cerebral Palsy      |
| <input type="checkbox"/> Hard of Hearing /Deaf | <input type="checkbox"/> Heat Stroke/Exhaustion        | <input type="checkbox"/> Allergies           |
| <input type="checkbox"/> Learning Disability   | <input type="checkbox"/> Mental Retardation            | <input type="checkbox"/> Spina Bifida        |

Please give detailed information for anything checked above or list other medical issues or disabling conditions. (Use additional pages, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What kind of task instruction/assistance does the participant need?
- Independent (No additional prompts/instructions)
- Prompts Needed
- Uses an assistive device (Circle all that apply): Wheelchair (*manual/motorized*) Walker Cane

What is the participant's primary means of communication?

- Speaks, understood by others   
  Speaks, difficult to understand   
  Pictures/Symbols  
 Sign Language   
  Non-Verbal   
  Other: \_\_\_\_\_

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

### **Check any behaviors that are a concern:**

- |                                        |                                               |                                            |
|----------------------------------------|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Withdrawn/Shy | <input type="checkbox"/> Easily Discouraged   | <input type="checkbox"/> Harms Others/Self |
| <input type="checkbox"/> Bites         | <input type="checkbox"/> Short Attention Span |                                            |
| <input type="checkbox"/> Runs Away     | <input type="checkbox"/> Hyperactive          | <input type="checkbox"/> Other             |

Describe best ways to manage behavior(s): \_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_