TRIO

POLICE
Athletic League

PAL CAMP 2015

The Arlington Police Athletic League presents "PAL CAMP 2015," a unique summer camp experience. This is an exciting opportunity for students entering into the 8th and 9th grades of AISD and MISD Schools.

Students selected will participate in a week-long summer camp with Arlington Police Officers. Students will participate in a variety of activities designed to teach leadership, teamwork, respect and responsibility while having a great time. The students will gain self-confidence, make new friends and be provided an opportunity to develop positive relationships with public safety personnel and peers.

Please indicate which camp you wish to attend as well as an alternate week:

JUNE 22 to JUNE 26
JULY 13 to JULY 17
JULY 20 to JULY 24
AUGUST 3 to AUGUST 7

Complete the entire attached application
DROP OFF locations will be determined before camp starts. The bus will pick up campers at 9:00 am and they will be dropped off at 4:00 pm. Make sure someone is there at 4:00 pm each day to pick you up!

PLEASE SCAN & email your application to Ofc. Samples.

For questions or more information please contact Officer Barry Samples, PAL Program Director, at 817-458-6307 or by email at barry.samples@arlingtontx.gov
Arlington Police Department
PAL YOUTH CAMP
Registration/Consent and Release Form

I promise to obey the rules and regulations of the Arlington Police Department PAL Youth Camp (APDYPYC) and will cooperate with the leaders and fellow campers.

Camper's Name ____________________________ School ___________ Grade Completed ___

Birth Date __/__/__ Gender: Male/Female

Address _________________________________ City _______________ Zip __________

Parent's/Legal Guardian's Name _____________________________________________________________________________

Address (if different than above) _______________________________ City ___________ Zip __________

Home Phone ___________________ Work Phone __________________

Mobile Phone __________________ Email _______________________

If parent/legal guardian cannot be reached in an emergency, please contact:

Name ___________________ Phone ___________________ Relationship ___________________

Name ___________________ Phone ___________________ Relationship ___________________

Medical Information

If your child has any significant health issues or newly developed concerns after turning in this form please notify APDYPYC personnel prior to departure of daily camp activity.

Age _______ Height _______ Weight _______ T-Shirt / Size ______

Immunizations:

Polio (Date) __________ DPT (Date) __________ Measles (Date) __________

Mumps (Date) __________ Rubella (Date) __________ Tetanus (Date) __________

Health History - List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach additional sheet if necessary):

________________________________________________________________________

________________________________________________________________________

Known Allergies/Food Allergies:

________________________________________________________________________

________________________________________________________________________

APD PAL Registration, Consent and Release Form
Revised April 2013
Media Publication Release Authorization

I hereby grant the Police Athletic League (PAL) Camp (City of Arlington, Arlington Police Department and/or Arlington Fire Department personnel, their agents or representatives) full and absolute permission and all rights to copyright, publish, display and use for any legal purpose, all photographs, together with descriptive text or statements, in which I or my property or my child may appear.

Child’s Legal Name: ___________________________ Age: __________________

Parent/Legal Guardian’s Signature: ___________________________ Date: ____________

Printed Parent/Legal Guardian’s Name: ___________________________
Arlington Police Department
PAL YOUTH CAMP
Activity Statement Form

The proposed activities provided by the Arlington Police Department PAL Youth Camp (APDYPYC) require participation in physical exercises, which are by their nature, physically demanding. These activities may include but are not limited to: swimming, running, climbing, jumping, various sports such as bowling, basketball, and indoor soccer. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or any others that depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Camper/Participant:

Name ____________________________

General Health Statement:

(Please describe any yes answers)
Have you had or do you currently have any hearing problems (dates) yes no
Do you frequently suffer from pain in your chest: yes no
Has a doctor ever told you that you have high blood pressure yes no
Do you have arthritis, joint or back problems that might be aggravated by exercise: yes no
Do you have any disabilities or chronic recurring illness: yes no
Do you have epilepsy: yes no
Do you have Diabetes: yes no
Are there any activities to be limited/discouraged by physician advice: yes no

Parent/Legal Guardian:

Name ____________________________

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in APDYPYC physical activities. I also understand and agree to abide by any restriction placed on my activities.
RELEASE: I, as parent/guardian of named minor, do hereby release The City of Arlington (hereinafter referred to as the City) from all liability to me, my child, and my child’s personal representative, assigns and heirs for all claims and damages which my child or I may have against the City and/or its sponsors resulting from participation in or connection to a City-related activity. I hereby authorize the City, as my agent, to secure medical treatment as is deemed necessary and will, on behalf said minor, assume and pay all expenses associated with such treatment in the event of accident, illness, or other capacity. I realize it is my responsibility to make sure that program arrival and departure times are discussed, understood, and enforced between me and my child. I am responsible to make arrangements for my child to be picked up in accordance with the program's operating hours. I certify that all of the information on this form is true and correct.

Signature of Camper/Participant ______________________________
Date ________________

Signature of Parent/Legal Guardian ______________________________
Date ________________
(If camper/participant under 18)

Witness ______________________________
Printed __________________ Signature __________________
Date ________________