

2011 TOPEKA POLICE SUMMER CAMP

OPEN TO ALL AREA 6th, 7th and 8th GRADERS.

THIS CAMP OFFERS AN INTERACTIVE LAW ENFORCEMENT EXPERIENCE. CAMPERS ARE TAUGHT THE VALUE OF MAKING POSITIVE DECISIONS WITH DAILY CAMP AGENDAS INCLUDING LAW ENFORCEMENT PRESENTATIONS ON:

S.W.A.T.

Crime Scene

DUI/alcohol and Drugs

Texting and driving

Traffic Stops

Handcuffing

Search and Seizure

Plus get a chance to compete in the Police Officers Physical Agility test!

Space is limited so submit your application early to reserve your spot!

June 6-10, 2011
June 20-24, 2011
July 25-29, 2011
8:00am-3:00pm Daily
Landon Middle School



The Topeka Police Department School Resource Officers would like to thank our 2011 Summer Camp Sponsors.

Contact any School Resource Officer for more information.

APPLICATIONS FOR CAMP MUST BE SUBMITTED AT LEAST 7 DAYS PRIOR TO THE START OF YOUR SELECTED CAMP.

**2011 Topeka Police Department
Summer Camp Application**

_____ JUNE 6 – 10, 2011
_____ JUNE 20 – 24, 2011 Mark 1st, 2nd & 3rd choice.
_____ JULY 25 - 29, 2011

APPLICANT'S MUST BE GOING INTO THE 6th, 7th, OR 8th GRADE

Check box if your child attended camp last year.

Instructions for Parents/Guardians:

1. PRINT clearly in ink.
2. **Application must be received no later than MAY 20th, 2011.** Mail applications to 320 S. Kansas Ave. suite 100, Topeka, KS 66603 OR give to your child's SRO.
3. No "Walk Ins" will be accepted, campers must be pre-registered.
4. Preference will be given to NEW CAMPERS.
5. **PARENTS/GUARDIANS ARE RESPONSIBLE FOR TRANSPORTATION TO AND FROM CAMP.**

PARENTAL CONSENT: As a parent or court appointed guardian of the applicant, I assume all risks and liability pertaining to any activity whatsoever, and wherever located, and permit the use of my child's likeness in camp promotional publications, pursuant to the program and hereby release from any such liability, the City of Topeka, and/or the City of Topeka Police Department and any of its employee's, that may arise due to participation in the Topeka Police Department Summer Camp Program.

Parent or Guardian Signature/Date

MEDICAL INFORMATION AREA MUST BE COMPLETED

As a parent or court appointed guardian of the applicant, I understand first aid will be available at the camp and campers will be closely supervised. If a serious injury/illness develops, medical and/or hospital care will be given. I further understand in case of serious injury or illness, I will be notified. If it is impossible to reach me, I give permission for emergency treatment or surgery as recommended by the attending physician. As a parent or guardian, I assume all responsibility for medical cost incurred as the result of sickness or injury.

Parent or Guardian Signature/Date

Name: (Last) _____

(First) _____

Birth Date: _____ (mm/dd/yyyy)

Age: _____ Male: Female:

School Attending: _____

Grade: _____

Home Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parents Cell Number (Dad) _____

Parents Cell Number (Mom) _____

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____

(Con't) _____

Parent/Guardian E-Mail Address: _____

Briefly list any and all medical
conditions/medications:

Medical Insurance Carrier

Policy Number

Insurance Carrier Phone Number with Area Code

Submit completed applications
to any School Resource Officer
or deliver to the Topeka Police
Department located at
320 S. Kansas Ave.