



Summer 2025 Junior Police Camp

Program Participant Registration Form

This form must be completed and submitted to register for the Multi-Law Enforcement Agencies Summer Junior Police Camp. All fields are required unless otherwise indicated.

Participant Information

- **Full Name:** _____
- **Date of Birth (MM/DD/YYYY):** _____
- **Age:** _____ (At time of Camp)
- **Gender:** ☐ Male ☐ Female ☐ Other: _____
- **T-Shirt Size:** ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL
- **Address:** _____
- **City:** _____ **State:** _____ **ZIP Code:** _____

Parent/Guardian Information

- **Full Name of Parent/Guardian:** _____
- **Relationship to Participant:** _____
- **Primary Phone Number:** _____
- **Secondary Phone Number:** _____
- **Email Address:** _____
- **Preferred Method of Contact:** ☐ Phone ☐ Email

Emergency Contact Information

(If different from Parent/Guardian)

- **Full Name:** _____
- **Relationship to Participant:** _____
- **Phone Number:** _____
- **Alternate Phone Number:** _____

Medical Information

- **Does the participant have any known medical conditions or allergies?**
☐ Yes ☐ No
If yes, please list: _____
- **Is the participant currently taking any medication?**
☐ Yes ☐ No
If yes, please provide details: _____
- _____



- **Does the participant have any physical limitations or restrictions?**

☐ Yes ☐ No

If yes, please describe: _____

- **Emergency Medical Consent:**

In case of emergency, I give permission for Camp staff to seek necessary medical treatment for my child, including but not limited to first aid, ambulance services, or hospitalization.

☐ Yes ☐ No

Program Participation Details

- **Participant's T-shirt size:** ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL
- **How did you hear about the Camp?**
☐ Law Enforcement Agency ☐ School ☐ Social Media ☐ Flyer ☐ Word of Mouth ☐
Other: _____

Additional Information

- **Is there anything else the Camp staff should know about the participant?**

Parent/Guardian Signature

By signing below, I acknowledge that all the information provided is accurate and complete. I have read and understood the program's policies and risks.

Parent/Guardian Signature: _____

Date: _____

Participant Signature (if age 12 or older)

By signing below, I agree to participate in the activities of the Multi-Law Enforcement Agencies Summer Junior Police Camp, and I agree to follow all rules and instructions given by Camp staff.

Participant Signature: _____ **Date:** _____

Camp Staff Use Only

- **Registration Received By:** _____
- **Date Received:** _____
- **Payment Received (if applicable):** ☐ Yes ☐ No
- **Notes:** _____