CAMP OVERVIEW

AWARD WINNING PROGRAM Best New Program 2003 Virginia Recreation & Parks Society

The camp is providing kids with the opportunity to learn about law enforcement and to start friendships with police officers.

During the camp participants will learn teamwork, leadership, and discipline.

Camp Activities Include

Field trips * Guest speakers * Kickball Pool Activities * Community Service Project Lunch and Snacks will be provided

INFO FOR PARENTS

Camp Registration Fee: \$35.00

Please make checks payable to: Winchester/Frederick County Law Enforcement Foundation and in the "for" line put Kids & Cops Camp

How to Register: Original Applications Only

- Original applications need to be sent to or dropped off at the Timbrook Public Safety Center, Police Administration Office (3rd Floor), ATTN Kids and Cops Camp, 231 E. Piccadilly Street, Winchester, VA 22601. All information needs to be completed; incomplete applications and copies will not be accepted.
- Applications are accepted on a first-come, first-served basis. Previous campers will be accepted based on past behavior. No application will be accepted after April 21st, 2023.
- Camp is limited to 60 participants.

Dress Code: T-shirts, shorts, and tennis shoes. On designated days during the camp, participants will need to bring a swimsuit and a towel. No jewelry is allowed.

Pick-up and Drop-off: TBA Jim Barnett Park

Contact: Sgt Perry (540)-974-6084



HAVE FUN!

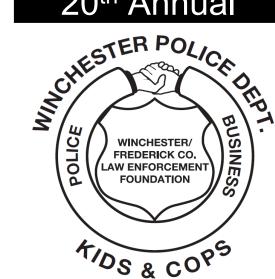
Learn about Law Enforcement

Make New Friends

Do Something Good for the Community

Be a Leader and Member of a Team





CAMP

June 26 -30th 2023 9-12 years old 8:30 am – 4:30 pm Jim Barnett Park

Winchester Police Department and Parks & Recreation Department

2023 KIDS & COPS CAMP REGISTRATION FORM

In order to register your child, ALL information must be completed on an original application. Please indicate N/A if not applicable

PARTICIPANT INFORMATION: Child's Name:	Nickname:	Sex:	DOB:	Age:	Phone:
Address:	THE WILLIAM	School:	1 2 0 2 .		Current Grade:
PARENT/GUARDIAN INFORMATION:	Email Address:				
Name:	Address:			Home Pho	ne:
Cell Phone:	Employer:			Work Phor	
Name:	Address:			Home Pho	
Cell Phone:	Employer:			Work Phor	
PRIMARY CONTACT:	1 1 2 2	Relationsh	ip to child:		
MEDICAL INFORMATION: Must be filled of	out completely	· · · · · · · · · · · · · · · · · · ·			
Child's Physician:	Address:			Phone:	
Insurance:	ID#			Group#	
Allergies or Intolerance to Food, Medication	n, etc.:				
Medications child is currently taking:					
Any special action to be taken in case of er	nergency:				
Physical conditions or special accommodat	ions needed:				
EMERGENCY PICK-UP INFORMATION: In	n the event of an illness, injury	y or emergency, or if	your child has not be	een picked up b	y closing time and the
parent/guardian cannot be reached, please of	call the following people in the	e priority listed.			-
1st Contact Name/Relationship:		Home Phone:			
Address:	Alternate/Cell Ph			one:	
2 nd Contact Name/Relationship:		Home Phone:			
Address:		Alternate/Cell Pho	Alternate/Cell Phone:		
TRANSPORTATION RELEASE: The paren					
transported from each site and back by mea					
SWIMMING RELEASE: The parent/guardia	n hereby gives authorization t	for the child to partic	ipate in swimming or	n designated day	ys and will supply all necessar
items for the child to be prepared to swim.					
PAINTBALL RELEASE: The parent/guardia				elay and obstacle	e courses.
PHOTO PERMISSION: I give permission fo				(I	alla a company to a fact of the state of the
ILLNESS NOTIFICATION: Program staff ag		dian whenever the d	niid becomes iii, and	the parent/guai	dian agrees to pick child up as
soon as possible or arrange to have an adulimed MEDICAL EMERGENCY RELEASE: The page 1		authorization at their	own ovnonce for n	carom staff to a	btoin immediate medical
treatment for the child should any emergence					
a Medical Facility, that decision will be made					
reach the parent/guardian. If unsuccessful,					
PERMISSION/LIABILITY RELEASE: I herel					
best of my knowledge. By signing below, I g					
programs. If my child refuses to participat					
participation, and I waive, release, absolve, i					
Winchester City Law Enforcement Foundation	on and the Winchester Parks	and Recreation Depart	artment for any accid	lent or injury to i	my child or caused by my child
to others during or commensurate with partic	cipation in this program.				
CHILDREN MUST BE IN ATTENDANCE EA	ACH DAY. IF YOU KNOW T	HAT YOUR CHILD	<u>IS NOT AVAILABLE</u>	EVERY DAY, I	PLEASE DO NOT APPLY.
T OURDT 0175 (Ob	A .1. 1(B.4 P.	A.I. It I	A .L 16 X/ L	A 1 16 3/3/ 1	
T-SHIRT SIZE: (Check one) Adult Small: _	Adult Medium:	Adult Large:	Adult X-Large:	Adult XX-La	rge:
Parent/Guardian Signature:			Date:		