

METRO POLICE AUTHORITY

Presents



July 15 – 18, 2019

Metro Police Camp 911 is a fun, interactive introduction to Emergency Services. The program will teach youth in grades 3-5 how to prevent common traffic and home injuries, how to give simple but life-saving emergency care to injured victims, and will provide information about working in the emergency services field.

SIGN-UP TODAY!

Registration ends July 1st

Metro Police Camp 911 will be held at the Swartz Creek United Methodist Community Center, 7400 Miller Rd, and **will be limited to 40 campers**. The Camp runs for 4, full-day sessions. Lunch will be provided to campers. All campers must be "checked in" by an adult and NO supervision is provided prior to the scheduled start time of each session. **NO CHILDREN SHOULD BE DROPPED OFF AND LEFT UNATTENDED.** Campers must attend ALL 4 days of camp to be eligible for the completion certificates and other prizes. Children will not be dismissed earlier than the scheduled time, except in cases of emergency or previously scheduled medical appointments. Parents must complete the liability release form (page 3) in order for campers to be admitted to the camp. **ON MONDAY, JULY 15th, EACH CAMPER MUST BRING A PROPERLY SIZED BICYCLE HELMET AND ON THURSDAY, JULY 18th, EACH CAMPER MUST BRING WITH THEM A TOWEL.** This program is presented by the Metro Police Department and sponsored by the Swartz Creek Area Kiwanis Club. The camp also receives additional support through businesses and private donations. There is no charge to campers to attend. The material presented has been prepared by the National Highway Traffic Safety Administration, the Office of Highway Safety Planning, the Michigan State Police and the Metro Police Department.

CAMP 9-1-1 July 15-18, 2019
Check in is at 9:00 a.m. each day and out at 3:00 p.m.

Please be prompt when picking up your camper at the end of each session

REGISTRATION FORM

Camper's Name: _____ Likes to be called: _____
 Address: _____ City: _____
 Phones, home: _____ Mom's Cell: _____ Dad's Cell: _____
 Child's Age: _____ Gender: _____ Ht: _____ Wt: _____ Hair: _____ Eyes: _____
 Distinguishing Features: _____
 Allergies? No ___ Yes ___ Please list: _____
 Any learning or physical accommodations required? No ___ Yes: ___ Please list:

 Attended previous Camp 911 courses? Yes ___ No ___ Preferred Session: AM ___ PM ___

EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship _____
 Or
 Name: _____ Phone: _____ Relationship _____

Parent's Signature: _____ Date: _____

Parents must sign their child out of camp each day. If the child will be picked up by another person, parents must enter the name of the person responsible for checking out the camper on the sign-in sheet, indicating the person's name to release. *No camper will be released to anyone other than a parent or parent's designee.*

RETURN COMPLETED APPLICATION TO THE METRO POLICE DEPARTMENT.

METRO POLICE CAMP 911

PARTICIPANT AGREEMENT/ ACKNOWLEDGEMENT AND RELEASE FORM

PLEASE READ AGREEMENT CAREFULLY BEFORE SIGNING

You, the undersigned Participant, have applied to participate in "Camp 911" which was developed for the Metro Police Department and conducted by the Metro Police Department (the "Sponsor"). You realize that the Camp 911 program (the "Program") may include: exercises, use of safety equipment, walking, running, and lifting. Its purpose is to provide participants training in injury prevention and introduction to emergency services. The program is not intended to be recreational, but rather educational.

Participant is aware in signing this form that certain elements of the Program require participation and that not all hazards and dangers associated with the activities can be foreseen. Participant understands that certain risks, dangers and injuries, including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and other circumstances may exist in the Program's activities. Participant recognizes that it is impossible for the Sponsor(s) to guarantee absolute safety.

Participant understands and voluntarily assumes all risks, dangers and injuries associated with participation in this Program and agrees that neither the Sponsors nor their officers, directors, employees, agents or other representatives in any capacity shall be responsible for any loss, damages, or injuries resulting to the Participant in the absence of gross negligence imputable to the Sponsors. Participant further agrees to release, indemnify and hold the sponsor and their directors, officers, employees, agents and other representatives in any capacity, harmless from or for any claims, causes or action, liabilities or damages that may arise because of or in connection with participant's participation in the Program.

Participant expressly agrees to observe all the Program's safety regulations and directions as interpreted and enforced by the Program's activity leaders. Participant voluntarily assumes and accepts responsibility for all risks, dangers and injuries resulting from his/her failure to obey safety regulations and directions of activity leaders or from the exercise of judgment by such activity leaders made in good faith based on then existing circumstances.

Participant has read and understands this Participant Agreement/Acknowledgement and Release Form. Participant's signature(s) on this document is also intended to bind his/her/their heirs, representatives, administrators and assigns.

Participant assumes full responsibility for his/her health and certifies that he/she is free of, or will notify his/her instructors of, any medical, physical or emotional conditions which might create undue risk for Participant or others. Participant agrees to exercise good judgment regarding his/her health, safety, and well-being while participating in this Program. If for any reason Participant questions, his/her ability to participate in the activity, Participant will tell his/her instructor prior to participation.

I FULLY UNDERSTAND THE NATURE OF THE PROGRAM ACTIVITIES. I GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT AND HEREBY AUTHORIZE AT MY EXPENSE THE CALLING OF MEDICAL PERSONNEL TO PROVIDE WHATEVER EMERGENCY MEDICAL OR SURGICAL TREATMENT IS NECESSARY.

I have signed this Form on behalf of the Participant listed below, and certify that I am the parent or legal guardian of Participant.

PARTICIPANT: (Print Name): _____

PARENT/LEGAL GUARDIAN: (Print Name): _____

SIGNATURE: _____ Date: _____

WITNESS: (Print Name) _____ SIGNATURE: _____

DATE: _____

CAMP SITE: Swartz Creek United Methodist Church Activity Center, 7400 Miller Rd., Swartz Creek, Michigan 48473

CAMP DATE: July 15-18, 2019, 9:00 AM-3:00 PM EACH DAY.

Camp ends at 3:00 p.m. each day.

Please be prompt picking up your camper at the end of each day.