INDIANA SHERIFFS YOUTH LEADERSHIP CAMP APPLICATION

Name_____ County _____
Last First Middle

Address_____ Age_____ Date of Birth _____

City_____ Zip_____ Home Phone (_____)_____

Yes, I am currently enrolled in 7th or 8th Grade (**CIRCLE** the grade you are currently enrolled in) and expect to be promoted to the 8th or 9th Grade at the end of this School Year.

Applicant's Signature_____ Shirt Size: S M L XL XXL (Adult Sizes) (Circle One) Male or Female (Circle One)

A YOUTH LEADERSHIP ORIENTATION PROGRAM FOR INDIANA YOUTH

The Indiana Sheriffs' Association will sponsor and provide Leadership Camps for students this year on the dates shown on the reverse side of this form. The camp staff will be comprised of sheriffs and department personnel. The camp activities will include, but are not limited to displays, career oriented classes, leadership skills, obstacle course, swimming, marching and other recreational activities. There will be opportunities for discussion and personal contact with some of Indiana's finest law enforcement officers. **(Campers are only permitted to attend this camp ONE time.)**

See reverse side of this form for date, time and location of session that campers from your county would normally attend. If you are unable to participate on the scheduled dates for your county, special arrangements may be made upon request to attend the other session.

MEDICAL INFORMATION

Circle if Immunizations Have Been Obtained and Current: Polio-Salk / Polio-Oral / Tetanus / Diphtheria / Typhoid / Smallpox

List any unusual conditions the camp staff should know about (allergies, medications, etc.): _____

_____

PARENT CONSENT AND RELEASE FORM

This part of the application is to be completed and signed by a parent or guardian. Where parents are separated or divorced, this form must be signed by the parent with legal custody as established by a court. I hereby certify that the above applicant is in good physical health and to my knowledge has no medical or physical conditions that would prohibit him/her from participating in any of the activities. I have read all the information in this application and I understand that the camper(s) will be supervised by the camp staff and that if serious injury or illness occurs, medical and/or hospital care will be given. I further understand that in case of serious injury or illness an attempt will be made to notify the parent or guardian from the information furnished in this form. If it is impossible to reach the parent or guardian, I give my permission for treatment or surgery to be administered as recommended by the attending physician.

I/we acknowledge that the applicant knows and appreciates the risks and dangers involved in the above Leadership Camp Program and are assuming all risks of the injury and damage incident to his/her participation in said Camp. Further, inconsideration of the permission granted to the applicant to participate in the Indiana Sheriffs Youth Leadership Camp program, I/we do hereby release and discharge the Indiana Sheriffs' Association, Inc., its representatives, agents, officers, employees and officials of the Indiana Sheriffs' Association, Inc., from all claims, demands, actions and causes of actions of any sort for any injuries sustained by the applicant and from any damages to applicant and/or applicant's property as a result of the camp activities which will include, but not limited to, displays, career-oriented classes, obstacle courses, swimming, tug-war, marching and other recreational activities.

I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AND RELEASE FORM AND REQUEST THAT THE ABOVE APPLICANT BE PERMITTED TO ATTEND THE CAMP SUBJECT TO THE ABOVE TERMS AND CONDITIONS.

_____ _____ _____
Camper's local Physician's Name Physician's Phone # Date

_____ _____ _____
Parent/Guardian Signature Parent/Guardian Phone # (Home) (Alternate Phone #)

Completed applications may be mailed to, or dropped off at the Tippecanoe County Sheriff's Office located at 2640 Duncan Road, Lafayette, Indiana 47940. Applications must be submitted by 4:30 PM on Friday, June 5, 2009

SHERIFF'S APPROVAL

I hereby certify that the above named student is a resident of this county and is a 7th or 8th grade student. I hereby approve and request that this student be allowed to attend the (Circle One) **NORTH / SOUTH** session of the Indiana Sheriffs Youth Leadership Camp in 2009.

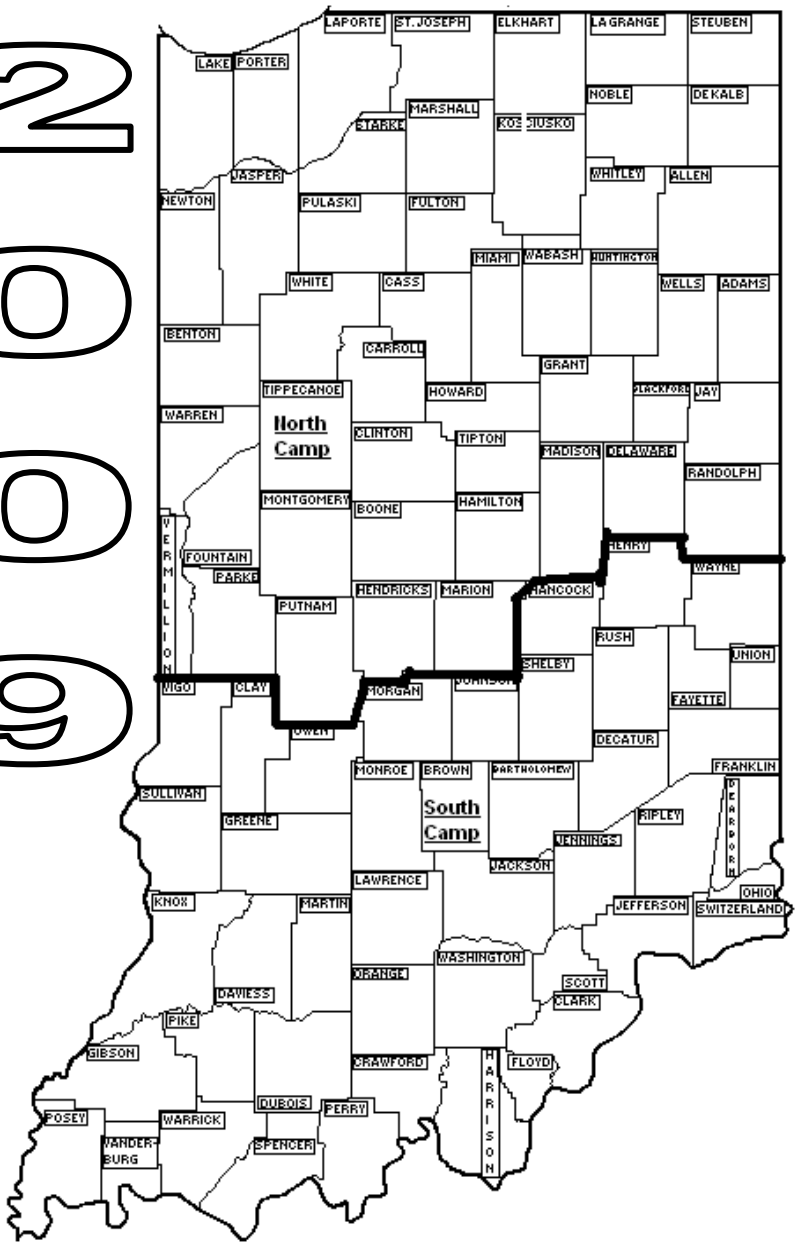
_____ _____
Sheriff's Signature County

INFORMATION WILL BE FORWARDED TO EACH CAMPER WITHIN FIVE DAYS OF THE FIRST DAY OF CAMP

For ISA use Only: _____Paid _____Entered _____Info Mailed _____Cert Printed (D)

CAMP SCHEDULE

2009



NORTHERN SESSION
June 15 – 17, 2009

Location–Ross Camp
West Lafayette, IN
Tippecanoe County

Registration – June 15, 2009
8:00 a.m. – 10:00 a.m.

Dinner & Closing Ceremonies -
June 17, 2009 – 5:00 p.m.

SOUTHERN SESSION
July 6 – 8, 2009

Location – Waycross Episcopal Camp
Morgantown, IN
Brown County

Registration – July 6, 2009
8:00 a.m. – 10:00 a.m.

Dinner & Closing Ceremonies -
July 8, 2009 – 4:30 p.m.

Indiana Sheriffs Youth Leadership Camp