

Adventure Camp 2010

The Warwick Police Department, in conjunction with the Rhode Island National Guard and the Warwick Youth Advisory/Prevention Task Force, is now accepting applications for the 2010 Summer Adventure Camp Program.

Adventure Camp is open to all Warwick children, both male and female, who are between the ages of 11 through 14. This year, there are two overnight camps to choose from or one (3 day) day camp.

Choose from:

- ✓ A three day, two night **overnight** camp held at Camp Fogarty that runs from **Tuesday through Thursday** (choose the week of July 13, 14, 15 **OR** the week of July 20, 21, 22)

Or

- ✓ A three day camp (not overnight) on August 3, 4, 5 held at the Buttonwoods Community Center on West Shore Road. This camp runs from 8:15 until 3:00 p.m.

Adventure Camp is:

- ✓ Limited to a first come, first served basis
- ✓ Supervised by military and police personnel, with separate accommodations for boys and girls
- ✓ Meals (breakfast, lunch, dinner) for the overnight camp will be provided. For the day camp, lunch will be provided.
 - For the overnight camp, drop off on Tuesday at 8:00 am at the Warwick Police Station. Pick up will be on Thursday at approximately 3:45 pm. At the police station.
 - For the day camp, drop off at 8:00 and pick up by 3:00 pm at the Buttonwoods Community Center on West Shore Road (across from Work Out World). On August 4th, we will be going to the Harmony Hills School to use the ropes course, returning at approx. 4:00. We will provide transportation from the Buttonwoods Community Center to Harmony Hills and back).

Adventure Camp is designed to instruct children in areas of leadership, confidence building, communication, and teamwork. Lessons on drill and ceremony, moderate physical training, survival skills, land navigation (compass course), high and low ropes course, and substance abuse prevention are some of the topics emphasized throughout this camp.

Children who complete this course will meet new friends, learn new skills, and develop a sense of teamwork, accomplishment, pride, and self-esteem that can last a lifetime!

**This year, Adventure Camp will run on the following dates:
July 13-15th, July 20-22nd, (both overnight camps) and August 3-5th (day camp)**

Adventure Camp fills up fast, so you must submit your application no later than June 18, 2010. No applications will be accepted after June 18th.

- ✓ **Parents/Guardians:** Prior to choosing a camp week, please take into consideration all factors that might affect your choice of weeks (summer school, carpooling schedules with other parents, your child wishing to attend with their friends, vacations, etc). **Once an application is submitted, we may not be able to accommodate changes.**

Please Note! For the two overnight camps (July 13 and July 20), a bus will pick up your child at the Warwick Police Department on Tuesday at 8:00 am. The children in the camp program will stay overnight at Camp Fogarty on Tuesday and Wednesday. On Thursday, the children will travel to the Harmony Hills School for the day to use the high and low ropes course. The bus will bring the children back to the police station on Thursday at approximately 4:00 pm. Please be at the police station by 4:00 pm to pick up your child.

IMPORTANT!

1. A FEE OF \$40.00 IS REQUIRED FOR ADVENTURE CAMP. This fee will cover all expenses associated with the camp and serve as a full deposit. **Please submit your check at the time you apply for the camp.** If the camp is full and you are not accepted, your check will be returned.

Make check payable to: CITY OF WARWICK/ ADVENTURE CAMP.

2. If for some reason you are unable to attend Adventure Camp, please notify us at least one week prior to the start of the camp. This will allow us enough time to replace your spot with someone who is on the waiting list. **FAILURE TO DO SO WILL RESULT IN THE FORFITURE OF YOUR DEPOSIT.**

3. In this package, you will find several waiver forms and permission slips. In order to participate in this program; **each form must be reviewed, signed, and returned** to the school officers prior to the start of camp.

4. Several weeks prior to the start of Adventure Camp, you will receive a confirmation of acceptance letter along with a checklist of the items you will need for the camp.

You may return your application to your school resource officer, drop it off at the Warwick Police Department, or mail it to the police department at the following address:

Warwick Police Department
99 Veterans Memorial Drive
Warwick, RI 02886
(Attention: Officer Amerantes or Gauthier)

If you have any questions or comments, please call Officer Dennis Amerantes @734-3250 (ext.131) or Officer Susan Gauthier @ 734-3300 (ext. 269).

Thank you for your cooperation.

Officer Dennis Amerantes
Officer Susan Gauthier

2010 Adventure Camp Application

Childs Name: _____ D.O.B: _____ Age: _____
Address: _____ Zip Code _____
Home Phone #: _____ Emergency Phone #: _____
School: _____ Grade in fall: _____
Name of child's physician: _____ Phone #: _____

Please list two contact names and phone numbers who we can always reach in case of an emergency:

1. Name: _____ Relationship: _____
Phone #: _____ Cell Phone #: _____

2. Name: _____ Relationship: _____
Phone #: _____ Cell Phone#: _____

Is your child allergic to any of the following?

Bee stings: Yes ___ No ___ Insect bites: Yes ___ No ___ Foods: _____

Other (Explain in detail): _____

Please describe the allergy and the reaction the child experiences: _____

Please list all medications your child is currently taking:

Medication(s): _____

Amount used: _____ Time(s) taken: _____

Is there any other information the camp staff should know about concerning your child that may be pertinent to their health, well being, or comfort? _____

Adventure Camp will run on July 13-15th and July 20-22nd (both overnight camps) and August 3-5th (day camp only). Please select and circle your first choice, followed by your second choice. We will try to accommodate your request, but we can not guarantee any specific week.

My 1st choice is (please circle one): July 13th (overnight) July 20th (overnight)

August 3rd (day camp)

My 2nd choice is (please circle one): July 13th (overnight) July 20th (overnight)

August 3rd (day camp)

**Warwick Police
RI National Guard
Adventure Camp 2010**

Please read, complete, and return this permission slip

I hereby give my permission for (please print) _____
to participate in the "Adventure Camp" program and to be transported to
and from various places as required by said camp.

In consideration of this application being accepted, I hereby for myself and
heirs, executors, and administrators waive any and all rights and claims of
damages or injuries suffered by my child against the Warwick Police
Department and any of its agents, as well as the Rhode Island National
Guard and any other organization and/or individuals associated with the
"Adventure Camp" program.

Furthermore, I hereby acknowledge and assume all risk, chance, or hazard of
bodily injury and property damage which may result to my child in connection
with my child's voluntary participation in the activities of the Warwick Police
Departments "Adventure Camp" program as sanctioned and authorized by
the City of Warwick, the Warwick Police Department, and their duly
authorized agents, servants, and employees.

I further acknowledge that I have carefully read the foregoing release and
know the contents thereof, and I sign the same as my free act and deed.

If my son/daughter is accepted into the Adventure Camp program, I agree
to make every effort to have them attend said camp. If my son/daughter
cannot attend, I agree to give a one week notice to the administrators of
the camp or risk forfeiting the camp fee.

Signature of parent/guardian

Date

**Rhode Island National Guard
Youth Challenge Course
Health Form**

Student Name: Last	First	Middle	Date of Birth	Sex M ___ F ___
Address: Street	City	State	Home Phone	Other Phone

PLEASE COMPLETE ALL INFORMATION BELOW. THE REQUESTED INFORMATION PROVIDES NATIONAL GUARD PERSONNEL AND LOCAL AGENCY PERSONNEL INFORMATION TO ASSESS THE NEEDS OF YOUR CHILD WHILE AT THE YOUTH CHALLENGE COURSE

Part 1. Physical Exam

Date of Exam ___/___/___ Height _____ Weight _____

ASTHMA: No ___ Yes ___ DIABETES: No ___ Yes ___

ALLERGIES: No ___ Yes ___ (please explain)

MEDICATION (Required at Camp): No ___ Yes ___ (please list)

OTHER MEDICATION(S) THAT MAY AFFECT BEHAVIOR OR HEALTH AT CAMP:

RESTRICTIONS: Can participate in moderate physical activity: Fully ___
With Limitations ___

Can stand for long periods: No ___ Yes ___

Any history of heat related injuries: No ___ Yes ___

Please explain any yes answers or any limitations:

**Rhode Island National Guard
Youth Challenge Course**

Part 2. Parent/Guardian Information And Signature Block

The Rhode Island National Guard Counterdrug Program Youth Challenge Course number one priority is safety. In order to accomplish this Challenge Course Health form, it must be filled out, signed and dated by a parent/guardian, and presented to the designated National Guard Staff Member upon arrival on the first day. Failure to present this form at that time will result in child becoming a non-participant until form is turned in.

(Parent/Guardian Signature)

(Date)

Name of Participant: _____

GENERAL RELEASE AND INDEMNIFICATION AGREEMENT
CAMP VARNUM, NARRAGANSETT, RI
RI NATIONAL GUARD

EVENT DATES: _____ 2010

I, _____ (printed PARENT/LEGAL GUARDIAN name), in consideration of the permission granted to me by the Rhode Island National Guard for my child _____ a minor, to participate in the RI National Guard Drug Demand Reduction Program, which includes but is not limited to an overnight camping, use of the grounds and facilities at Camp Varnum, Narragansett, Rhode Island, do hereby release, acquit, discharge and covenant to hold harmless the United States of America, the State of Rhode Island, their agents, servants and other employees, from any action or claim for personal injury or property damage arising out of said use of Rhode Island National Guard grounds and facilities at Camp Varnum, in Narragansett, Rhode Island. Moreover, I, fully recognize that certain activities may, by their nature, pose varying degrees of inherent risks or potential hazards which may result in either serious bodily injury or possibly my death. I knowingly and willingly assume any and all risks involved during my use of the grounds and facilities and/or during transportation at Camp Varnum, in Narragansett, Rhode Island.

I, individually and for my successors, heirs, legatees and assigns, agree to defend, indemnify and otherwise hold harmless the United States of America and the State of Rhode Island, their agents, servants and other employees, from any action in tort, equity or otherwise that I may have as a result of the use of said facility.

I HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND UNDERSTAND THE TERMS AND CONDITIONS CONTAINED HEREIN.

Parent/Legal Guardian (Printed Name)

SIGNED

DATED: _____

WITNESS PRINT NAME

SIGNED

**PARTICIPANT'S ACKNOWLEDGEMENT, AUTHORIZATION
AND RELEASE OF LIABILITY**

PARTICIPANT'S ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE OF LIABILITY

The undersigned, being an adult, hereby acknowledges that I seek to participate in the Harmony Hill School, Inc.'s Challenge Course. I affirm that the confidential medical information which has been provided is accurate and complete. I understand that failure to disclose any confidential medical information could affect my own safety and those around me, I agree to hold Harmony Hill School, harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment which may become necessary.

I understand that parts of the Harmony Hill School, Inc. Challenge Course may be physically and emotionally demanding. I possess sufficient fitness to participate. I agree to follow all instructions given by the Challenge Course staff during the training or work shop. I recognize the inherent risk of injury or disability at the Harmony Hill School, Inc. Challenge Course. I understand that each participant must assume the risk of injury or disability that could result from the use of the program.

Each party shall indemnify, save and hold harmless Harmony Hill School, Inc., as well as any other entity or entities involved, including but not limited to: employees, agents, representatives, officers, trustees and directors, from and against all claims, demands, actions, proceeding, liabilities, damages, settlements, judgments, costs and expenses, including attorney's fees, which may be assessed against or incurred by each party/parties, the employees, agents, representatives, officers, trustees or directors. This clause shall survive this agreement's termination.

Witness:

Participant:

Date: _____

PHOTO/MEDIA RELEASE

I grant to Harmony Hill School, Inc., the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of me for use in materials they may create

Witness:

Participant:

Date: _____

RESERVE RIGHT TO REJECT ANY/ALL PARTICIPANTS AT OUR DISCRETION

(FOR ADULT STUDENTS)

PART II – MEDICAL HISTORY

1. Do you currently have or have you any history of the following:
- heart disease heart attack high blood pressure
 - currently on medication for high blood pressure
 - chest pain or pressure heart palpitations
 - heart murmur any of thee symptoms with exertion
 - stroke
2. If you checked any of the above boxes, Please provide additional information:

PART III- ADDITONAL FACTORS

1. Do you have diabetes? No Yes
If yes, please indicate if it is (circle one): insulin dependent diabetes OR non-insulin dependent diabetes.
2. Is there a history of heart disease in you family? No Yes
If yes, please explain

3. Do you smoke? No Yes
4. Are you a former smoker? No Yes
5. How long ago did you quit? _ _____
6. Please indicate which statement best describes how often you exercise:
 little or no exercise on a regular basis.
 Occasional exercise 1 or 2 times per week
 Vigorous exercise (e.g., 20 minutes of running, walking at a fast pace equivalent 3 times per week or more)

PART IV- PHYSICIAN CONSULATION

If you checked any boxes in Part II, Medical History, we strongly recommend that you consult with your physician prior to participating in the Harmony Hill School adventure-based program or other strenuous physical activity. These conditions include a personal history of heart disease, chest pain or pressure, high blood pressure, or stroke.

Diabetes, smoking, sedentary life style, being overweight, family history of heart disease and age (over 45) are also recognized as cardiac risk factors. If you have three or more of these risk factors, we strongly recommend that you consult with your physician prior to participating in the Harmony Hill School adventure-based program or other strenuous physical activity

The medical information form is intended to help prospective participants determine who may need to consult with their physician prior to participation. If you are uncertain about any pre-existing medical conditions, we strongly recommend that you consult with your own physician prior to participating in the Harmony Hill School adventure-based program.

If you or your physician requires additional information about activities in any particular adventure-based program, please contact us.

In preparation for the Harmony Hill School adventure-based program, I have consulted with my physician: No Yes .

If yes check one:

- I have been advised that I may participate fully in the program without limitation.
- I have been advised that I should not participate in the program.
- I have been advised that I may participate in the program, but should avoid certain activities:

Please provide additional information:

RESERVE RIGHT TO REJECT ANY/ALL PARTICIPANTS AT OUR DISCRETION

INDIVIDUAL PARTICIPANT APPLICANT INFORMATION
FORM AND RELEASE OF LIABILITY

DISCLOSURE:

The Harmony Hill School adventure-based program involves a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, and other rigorous physical adventure activities. (The level of participation in the Harmony Hill School adventure-based program activity is at all time completely up to the individual's choice) Yet, there is a risk which must be assumed by each participant that he or she may suffer an emotional or physical injury.

Policy for participation in all of Harmony Hill School's adventure-based programs require that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to Harmony Hill School prior to participating in any activities.

PART 1- APPLICANT INFORMATION

Type of workshop:

Dates of Workshop:

1. Name: _____ Social Security No. _____
2. Do you accident insurance? No Yes: If yes, name and address of company: _____
3. Do you have any limiting physical disabilities or handicaps (temporary or permanent)?
 No Yes If yes, identify and explain: _____
4. Are you currently taking medication (prescribed or otherwise, e.g., cold medicine?)
 No Yes If yes, state what you are taking, and what condition it id for: _____
5. Do you have any allergies, reactions to medications, any other medical limitations?
 No Yes If yes, identify and explain: _____

6. Have you had surgery in the past year for any condition which may limit your participation?
 No Yes

7. Are you under any follow-up care from a surgical procedure? No Yes

8. In the event of injury or illness, please indicate who should be contacted:

Name:

Relationship:

Address:

Home Phone No:

Work Phone No: