

2019 D.A.R.E. SUMMER CAMP

DATE/ TIME/ LOCATION

July 16, 17 and 18

8:00 a.m. to 3:00 p.m. (drop you child off no earlier than 7:30 am)

Paulding Middle School

405 North Water Street

Paulding, OH 45879

FOR STUDENTS ENTERING

4th, 5th, and 6th grades

REGISTRATION

\$25 Registration Fee

Registration Deadline is July 5, 2019

Checks and Cash accepted

Checks payable to:

Paulding County Ohio D.A.R.E Program

DO:

- Have fun
- Bring swimming attire
- Dress appropriate for the weather
- Wear shoes and socks
- Bring Sunscreen

DON'T BRING

- A bad attitude. You will be asked to go home.
- Fighting, cussing, and disrespect will not be accepted
- Anything that can be considered a weapon
- Gum or candy

ACTIVITIES

Black Beards Bay

Crazy Pinz

Rock Wall & Blow Up Games

Animal Show

Crafts

And Much More!



IMPORTANT INFORMATION:

Lunch will be provided for this event, but campers may pack their own lunch if desired. Water will be provided to drink. **Registration deadline for this event is July 5, 2019** so please have the registration turned in by that date or before. Registrations can be returned in person at the Sheriff's Office or by mail, which should be addressed to **Paulding County D.A.R.E Program, 500 East Perry Street, Paulding, OH 45879, attn: Deputy Mendez**. If you have any questions about this event or if you need assistance with the cost, feel free to contact me at 419-567-1516 or e-mail me at nmendez@pauldingohsheriff.com. You can also message me on the Paulding County Ohio D.A.R.E. Facebook page. **If you have two or more kids attending contact me for a discounted price.**

REGISTRATION FORM

Attendees Information: Everything must be completed!

Name _____
Age _____ Sex _____
School Attending _____
Grade Entering _____

Emergency Contact Information

Parent Name _____
Phone Number _____
Address _____

Other adult contact in case of an emergency:

Name _____

Phone Number _____

Name _____

Phone Number _____

Name _____

Phone Number _____

Accident Waiver Form

I _____ (please print parent/guardian name) release the Paulding County Sheriff's Office, Paulding County Commissioners, Paulding Exempted Village Schools, Black Beards Bay, Crazy Pinz, and Ultra Sound Special Events Inc., Camp staff members and Volunteer Personnel from any and all liabilities and responsibilities pertaining to accidents, injuries, or complications resulting from the D.A.R.E. Summer Camp activities. I authorize the hospital attending physician to administer the necessary medical care to my child, D.A.R.E. day participant, upon his/her arrival at the hospital.

(Parent or Guardian Signature)

DATE: _____

Please note if you are paying by:

Cash _____

Check _____

Event Helpers

Helpers for this camp will be D.A.R.E. Officers from Defiance, Van Wert, Williams and Allen Counties. Also on hand will be other members from the Paulding County Sheriff's Office and Volunteers from around the county.

Adult Volunteers Are Always Needed.

If interested please fill out:

Name _____

Contact Information _____