

# D.A.R.E. SUMMER CAMP

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## DATE/ TIME/ LOCATION

July 17, 18 and 19  
8:00 a.m. to 3:00 p.m.  
Paulding Middle School  
405 North Water Street  
Paulding, OH 45879

## FOR STUDENTS ENTERING

4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> grades



## REGISTRATION

\$20 Registration Fee  
*Registration Deadline is June 22, 2018*  
Checks and Cash accepted  
Checks payable to:  
**Paulding County Ohio D.A.R.E Program**

## DO:

- Have fun
- Wear shoes and socks
- Bring swimming attire
- Dress appropriate for the weather
- Have parents drop you off at the Paulding Middle school no earlier than 7:30 a.m. and pick you up at 3:00 p.m.

## DON'T BRING

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

## ACTIVITES

Black Beards Bay  
Skyzone  
Rock Wall  
Crafts  
And Much More!

## NOTE:

Lunch will be provided for this event, but you may pack your own lunch if desired. Water will be provided for you to drink. **Registration deadline for this event is June 22, 2018** so please have the registration turned in by that date. 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 call me at 419-567-1516 or e-mail me at [nmendez@pauldingohsheriff.com](mailto: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 call me for a discounted price.**

**Assistance with the event is always greatly appreciated, so if you interested let me know.**

**Attendees Information:**

**Everything must be completed!**

Name \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_  
School Attended \_\_\_\_\_  
Grade Entering \_\_\_\_\_

**Attendee Waiver**

I agree to follow the rules, be respectful and responsible during this event. Should I act in an inappropriate way, I understand I will be sent home.

\_\_\_\_\_  
(attendee's signature)

**Emergency Contact Information**

Parent Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

**Other adult contact in case of an emergency:**

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Please list any and all physical/medical conditions, or special needs which may affect participation in any of the mentioned activities.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accident Waiver Form**

I \_\_\_\_\_ (please print parent/guardian name) release the Paulding County Sheriff's Office, Paulding County Commissioners, Village of Paulding, 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. Day 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:**

Check \_\_\_\_\_  
Cash \_\_\_\_\_

**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.

**SCHOOL TRANSPORTATION**  
**WAVIER & RELEASE FORM FOR D.A.R.E. CAMP PARTICIPANTS**

I, \_\_\_\_\_, hereby give permission to Paulding Exempted  
(parent/guardian name)  
Village Schools, to transport my child, \_\_\_\_\_, to/from  
(his/her name)

D.A.R.E. camp activities at Skyzone in Fort Wayne, IN and Black Beards Bay in  
Edgerton, OH on July 17, 2018 and July 18, 2017.

I understand that by allowing Paulding Exempted Village Schools to transport my child  
to/from the above mentioned D.A.R.E. camp activities, I agree to release Paulding  
Exempted Village Schools and its employees, from and against any and all liability, loss,  
damages, claims or actions to the maximum extent permissible by law, arising out of such  
transportation

\_\_\_\_\_  
(parents/ guardian name)

\_\_\_\_\_  
(date)