2019 Law Enforcement Summer Camp

The Junction City Police Department’s Law Enforcement Summer Camp is a camp designed for middle school children. It is an outreach program developed to help students become more aware of First Responders’ functions. The purpose is to build life skills, instill confidence and develop self-esteem. The curriculum will include a wide variety of activities that will incorporate teamwork, physical fitness, and general First Responders’ information. We will emphasize the importance of good decision making skills and teach good citizenship.

Our School Resource Officers will conduct the camp, which allows them to maintain a good working relationship over the summer with their students. Our students will observe presentations made by a K9 officer, SWAT Team members, Patrol Officers, School Resource Officers and other emergency services.

Students are given the opportunity to understand what it is like for someone to be under the influence of alcohol or controlled substances, through the use of simulator devices. Students will learn how drug dogs can search and identify illegal substances. Students will observe some of the techniques and equipment used by SWAT members. Students will have an opportunity to observe a Police Chase where Stop Sticks will be deployed and ending in a High Risk Traffic Stop. The students will experience a day at a Police Academy and get a tour at the Milford Lake Hatchery.

We will also mix in several fun activities (Swimming, Bowling, Spin City) to make the week not only educational but also enjoyable.

Camp will be from June 10th - 14th, 2019 from 8:30 AM – 3:00 PM Monday – Friday

The camp will be directed by School Resources Officers from the Junction City Police Department. Lunch & snacks will be provided.

THERE IS NO CHARGE FOR THIS CAMP

Expenses are covered by the Junction City Police Department. There is limited number of spots available. Please return your application as soon as possible. You will be notified when your application has been approved.

APPLICANTS MUST BE GOING INTO THE 7TH OR 8TH GRADE IN THE FALL OF 2019.
USD 475 STUDENTS ONLY!

Instructions for Parents/Guardians:
1. PRINT clearly in ink.
2. The Application deadline is June 1st, 2019. Forms can be given to the School Resource Officer at the Junction City Middle School, Junction City High School, Junction City Freshman Success Academy, mailed, emailed or hand delivered to the Junction City Police Department, 210 E. 9th Street. Application received after June 1st, 2019 will not be considered.
3. Preference will be given to New Participants.
4. Parents must drop off campers by 8:30 AM each day at the Junction City Middle School (front doors).
5. Parents must pick up campers by 3:00 PM each day at the Junction City Middle School (700 Wildcat Lane).

Enroll now to ensure yourself a fun-filled week of learning and activities!
The Junction City Police Department’s Law Enforcement Summer Camp is a program established to promote a positive atmosphere between the youth of the area and the Junction City Police Department. Listed below are rules and responsibilities of the participants. Participants are expected to follow all the rules, all of the time.

**Clothing for participants:**
1. Shoes should be appropriate for athletic activity (no sandals).
2. Hats may be worn outdoors but will be removed indoors.
3. A T-shirt will be provided to each participant. We ask that it be worn every day of camp. If it is not worn, we ask that clothing should be free of the following:
   - Alcohol, tobacco or drug messages
   - Language or images which are offensive to any group of people
   - Death or satanic images
4. No excessively saggy or baggy clothing.
5. No jewelry.
6. Clothing should be comfortable and appropriate for the weather and physical activities.
7. Please limit the amount of cash carried by the participant.
8. No electronic devices allowed. Cellular phones are permitted, but only for emergency use.

**What to bring to the Law Enforcement Camp:**
1. Positive attitude.
2. Willingness to learn.
3. Willingness to make new friends.
4. Ability to smile and have a great week!!!

More detailed expectations will be given to participants during the introduction period of the first day. The Law Enforcement Summer Camp coordinators will contact the parents and if necessary, remove participants due to lack of cooperation, participation, uncontrollable, or continuous disruptive behavior. If you have any questions, please contact the Junction City Police Department’s Community Involvement Unit Sergeant Borges at 785-762-5912 or at 785-210-4757.

Thank You!

We hope to see you there!
Junction City Police Department  
Law Enforcement Summer Camp 2019  
APPLICATION

**FORM MUST BE COMPLETE**

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<th>First</th>
<th>Last</th>
<th>M.I.</th>
<th>Age</th>
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<tr>
<th>Home/Cell Number</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Shirt Size (Adult Size) S M L or XL</th>
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Grade & School Attending

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<th>Parent/Guardian's First Name</th>
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<th>Emergency Contact First Name:</th>
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<tr>
<th>Parent/Guardian E-mail Address</th>
<th>Parent/Guardian Work Number</th>
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**Disclaimer and Signature**

I hereby acknowledge that I have completed the above application completely and accurately to the best of my knowledge. I also acknowledge that the Junction City Police Department will be conducting a background investigation to determine the suitability for admission to the Law Enforcement Summer Camp. Permission is hereby given to conduct a background investigation based on the information given in this application.

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<th>Student Signature</th>
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<tr>
<th>Parent or Guardian Signature</th>
<th>Date</th>
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Mail to:  
Junction City Police Department  
210 E. 9th Street  
Junction City, KS 66441  
Attn: Sgt. Borges

Fax to:  
785-762-3931

Email to:  
eliel.borges@jcks.com  
edgar.torres@jcks.com

Return this page to the Junction City Police Department  
APPLICATION DEADLINE IS JUNE 1st, 2019
**FORM MUST BE COMPLETE**

In consideration of my child’s participation in this activity, I

__________________________________ Hereby release and discharge the

(Parent/guardian name)

Junction City Police Department, USD 475, and any individual Police Officer, agent or employee from any and all liability arising from accident, injury, and illness that (he/she) may suffer as a result of participation in this program. I understand that I do not have to sign this waiver, but by not doing so my child will not be able to participate in the program.

___________________________

(Child’s name)

________________________________ ______________

(Parent/Guardian signature) (Date)

Return this page to the Junction City Police Department

APPLICATION DEADLINE IS JUNE 1st, 2019
Junction City Police Department
Law Enforcement Summer Camp 2019
MEDICAL INFORMATION
& AUTHORIZATION FORM

**FORM MUST BE COMPLETE**

Student’s Name: _____________________________________________ Date of Birth: __________________

Address: ___________________________________________________ Phone # __________________

MEDICAL INFORMATION

Doctor’s Name: _______________________________________________ Phone # __________________

Clinic or Hospital Preference & Address: __________________________________________________________

IMMUNIZATIONS:

DPT Series_____  Booster_____  Tetanus_____  Polio OPY (Sabin)_____  Booster_____

PHYSICAL CONDITIONS  ALLERGIES  DISEASES

Ear Infections_____  Hay Fever_____  Chicken Pox_____  Rheumatic Fever_____  Poison Ivy_____  Measles_____  Convulsions_____  Insect Stings_____  German Measles_____  Diabetes_____

Heart Problems_____  Sulfa Drugs_____  Penicillin_____  Mumps_____  Asthma_____  Gluten_____  Other health problems not listed that may prevent physical activity: _______________________________________

Any medications currently being taken: YES or NO (circle one) if so please specify: ______________________

HEALTH INSURANCE

Company Name: _______________________________________________

Policy # ________________________________  Group #___________________________

AUTHORIZATIONS

(Please initial the lines that apply and sign below)

_____ 1. The health history on this form is correct and true to the best of my knowledge; the child described herein has permission to engage in all program activities, except as noted by me and/or recommended by our physician.

_____ 2. If I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Junction City Police Department’s Personnel to seek medical attention for my child in the event of an emergency.

MY SIGNATURE BELOW CONSTITUTES AUTHORIZATION FOR ITEMS INITIALED ABOVE.

PARENT / GUARDIAN SIGNATURE_______________________________________ DATE_________________

Return this page to the Junction City Police Department
APPLICATION DEADLINE IS JUNE 1st, 2019
Junction City Police Department
Law Enforcement Summer Camp 2019
STANDARD PHOTO & VIDEO RELEASE
FORM FOR MINOR CHILD

**FORM MUST BE COMPLETE**

I hereby authorize the Junction City Police Department to publish the photographs and videos taken of the undersigned minor child, and his/her name, for use in the Junction City Police Department printed publications, website, and social media.

I release the Junction City Police Department from any expectation of confidentiality for the undersigned minor child and attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize the Junction City Police Department to use his/her photograph, videos and names.

I acknowledge that since participation in publications, websites, and social media produced by the Junction City Police Department is voluntary, neither the minor child nor I will receive financial compensation.

I further agree that participation in any publication, website, and social media produced by the Junction City Police Department confers no rights of ownership whatsoever. I release the Junction City Police Department and its employees from liability for any claims by me or any third party in connection with the participation of the undersigned minor child.

Signature: _______________________________ Date: ___________
Street Address: ________________________________
City, State, Zip: _______________________________
Name of Minor Child: _______________________________ Age: _______