

Print Applicant's Full Name:



LYNNWOOD
WASHINGTON

POLICE

**Lynnwood Police Department
Youth Police Camp
Application Packet
2024 Schedule**

Camp Dates: July 22nd - July 26th, 2024

Camp Time: 8:30 AM to 4:00 PM

Camp Registration Fee: \$200.00 per Camper

FIRM Application deadline is June 14, 2024

Residents of the City of Lynnwood are given first consideration.

DATE APPLICATION RECEIVED: _____

**Lynnwood Youth Police Camp Administrator
Connie Avalos-Galer
cgaler@Lynnwoodwa.gov
425-670-5613**



Application Packet Checklist

- Completed Application (10 pages).
- Sign and initial all necessary pages.
- Applicant must complete page 9 - Camper questions?
- Turn in Application Packet with all ten (10) pages.
- **Deadline is June 14, 2024**

Please turn in the entire completed application packet as soon as possible to the Lynnwood Police Department at (19321 - 44th Avenue West, Lynnwood, WA 98036).

Incomplete application packets will **NOT** be accepted and will not be processed for acceptance.

The session is limited to 36 participants. Residents of the City of Lynnwood will be given first consideration.

An alternative waiting list will be maintained in case of cancellations.

Applicants must be between the ages of 11 to 14 years.

The Lynnwood Police Department will **not** provide transportation to and from the camp location.

Campers may be dropped off (signed in) up to 15 minutes prior to the start time of 8:30 a.m. Campers must be picked up within 15 minutes of the dismissal time of 4:00 p.m.

All applications will be reviewed and approved by LPD staff on a first come, first served basis, as they are received.

Applicants' parents/guardian will be contacted in a timely manner via email or phone call when they have been accepted in the program.

DEDICATED TO PUBLIC SAFETY SINCE 1959



General Release Information

PARTICIPANT'S NAME (please print clearly): _____

BIRTHDATE: _____ AGE: _____ GENDER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SCHOOL NAME: _____ GRADE: _____

CAMPER T-SHIRT SIZE (ADULT SIZES): ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ X-LARGE

MOTHER'S NAME (please print clearly): _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

WORKPLACE: _____ WORK PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

FATHER'S NAME (please print clearly): _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

WORKPLACE: _____ WORK PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CHILD LIVES WITH: ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER OTHER (Explain) _____

I acknowledge that participation in recreational activities can be dangerous, involving risk of physical injury, including temporary and permanent damage. In consideration of participation in City of Lynnwood ("City") recreational activities, on behalf of myself, my marital community (if any), my child, or any person for whom I am legal guardian, I release and hold harmless the City, its elected and appointed officials, employees and volunteers, organizers and sponsors, from any and all liability, causes of action, and claims of any kind or nature arising from or connected in any way with my or my child's participation in City recreational activities or related activities, including transportation to and from such activities. My signature hereon and my participation in City of Lynnwood recreational activities constitutes my consent to any emergency first aid considered necessary by any City employee and to any medical or surgical treatment considered necessary by an attending physician of a hospital furnishing medical care; and I agree to accept financial responsibility for such care. I understand that City employees and volunteers cannot be responsible for administering medications and no liability shall attach to the City or its employees for not administering medications. Reasonable efforts will be made to contact parents or guardians if the participant suffers serious illness or accident. My signature hereon constitutes my consent on behalf of myself or my minor child, or child or adult for whom I am legal guardian, to participate in City recreational activities.

PARENT/GUARDIAN SIGNATURE

DATE

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Medical Release Information

PARTICIPANT'S NAME (please print clearly): _____

In case of any emergency, and we cannot contact you, please list two persons other than yourself that we can contact.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

The following information is required to treat your child in case of emergency:

NAME OF PHYSICIAN: _____ PHONE: _____

MEDICAL INSURANCE PROVIDER: _____ POLICY #: _____

NAME OF INSURED (usually a parent): _____

ALLERGIES: ☐ NO ☐ YES IF YES, PLEASE LIST _____

MEDICATIONS: ☐ NO ☐ YES IF YES, PLEASE LIST _____

DOES THE CAMPER CARRY THEIR OWN MEDICATION? ☐ YES ☐ NO

RECENT ILLNESSES? PLEASE EXPLAIN: _____

ARE THERE ANY BEHAVIOR PROBLEMS TO BE AWARE OF? PLEASE SPECIFY: _____

I acknowledge that participation in recreational activities can be dangerous, involving risk of physical injury, including temporary and permanent damage. In consideration of participation in City of Lynnwood ("City") recreational activities, on behalf of myself, my marital community (if any), my child, or any person for whom I am legal guardian, I release and hold harmless the City, its elected and appointed officials, employees and volunteers, organizers and sponsors, from any and all liability, causes of action, and claims of any kind or nature arising from or connected in any way with my or my child's participation in City recreational activities or related activities, including transportation to and from such activities. My signature hereon and my participation in City of Lynnwood recreational activities constitutes my consent to any emergency first aid considered necessary by any City employee and to any medical or surgical treatment considered necessary by an attending physician of a hospital furnishing medical care; and I agree to accept financial responsibility for such care. I understand that City employees and volunteers cannot be responsible for administering medications and no liability shall attach to the City or its employees for not administering medications. Reasonable efforts will be made to contact parents or guardians if the participant suffers serious illness or accident. My signature hereon constitutes my consent on behalf of myself or my minor child, or child or adult for whom I am legal guardian, to participate in City recreational activities.

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Permission to Participate, Release and Indemnification Agreement

I/We grant permission for our son/daughter **(print clearly)** _____
to participate in Police Camp 2024, sponsored by the City of Lynnwood Police Department.

The activities of Police Camp 2024 may include learning the history of the police service, the importance of physical wellness, basic first aid and fundamentals of police work. While the student participant's safety and well-being are a primary concern, by signing this Agreement I/we acknowledge that my/our child is voluntarily participating in these activities with full knowledge of any potential hazards or dangers, and I/we agree to assume on behalf of my/our child any and all risks of injury or harm associated therewith.

By signing this Agreement, I/we hereby agree for myself/ourselves, our child, and our heirs, representatives and assigns to fully and forever release and discharge the City of Lynnwood, its officials, employees, agents, representatives, and volunteers, and their heirs and assigns, from any and all claims, demands, damages, injuries, rights of action, losses, causes of action, and liability arising out of or from accidents, injuries, and other damages, sustained directly or indirectly to or caused by my child or arising out of or in connection with my child's participation in the Police Camp 2024 program.

I/we hereby agree to indemnify, defend, and hold harmless the City of Lynnwood, its officials, employees, representatives, agents, representatives, and volunteers, and their heirs and assigns, from and against any and all claims, demands, damages, injuries, rights of action, losses, causes of action, and liability, including attorney's fees and court costs, arising out of or in connection with my child's participation in the Police Camp 2024 program.

I/we agree to be bound by the provisions of this Release and Indemnification and make the representations contained herein.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

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Pick Up Release Form

PARTICIPANT'S NAME (please print clearly): _____

☐

MY CHILD WILL BE PICK UP FROM
LYNNWOOD POLICE CAMP

JULY 22nd - July 26th , 2024

8:30 AM - 4:00 PM

List individuals that have permission to pick up your child. If you will be picking them up, list yourself first:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

If your child is to be picked up by a person other than the individuals listed above, we **MUST** have signed written instructions from the parent/guardian.

Walk Home Release Form

☐

MY CHILD HAS PERMISSION TO WALK
HOME FROM LYNNWOOD POLICE CAMP

JULY 22nd - July 26th , 2024

8:30 AM - 4:00 PM

I understand it is the policy of the City of Lynnwood Parks and Recreation Department for parents or designated individuals to sign their children both in and or out of the **Camp Programs**. This is designed to ensure the safety of all children before, during and after the program. On behalf of myself, my spouse, my child, or ward, I am requesting an exception to this policy as described below. I hereby assume, on behalf of myself, my spouse, my child or ward, all risks, hazards, and dangers of any kind whatsoever, arising from having my child sign himself/herself out of **Police Camp** on their own.

I am requesting my child\ward sign himself/herself **OUT** on the days they attend **Police Camp**. I understand my child will not be able to leave any earlier than the "regular" program hours. I agree that the City of Lynnwood and Police Department Staff are not responsible for supervising my child after he/she signs out at the agreed upon time. I also agree that I am responsible for ensuring that my child/ward leaves the facility directly after he/she signs out and does not stay and become a distraction to staff or other participants. If my child chooses to stay at the site and interferes with the **Police Camp program** after signing out, the "sign out" exception can be revoked.

I understand that any deviation from this schedule will need to be submitted in writing and given directly to the camp coordinator at least 24 hours in advance.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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Photograph Release Form

I hereby consent and grant permission to the City of Lynnwood, and its officials, employees, agents, contractors and volunteers ("City Employees") to take, use, re-use, copyright, publish and/or re-publish any and all photographs, video, digital or electronic images and/or other recordings of the likeness or voice of the named person(s) below for news, advertising, publications, reports, displays, website(s), and/or promotional or training purposes in print, digital, electronic or audio media, and/or associated use with the City's Facebook Business Page(s). I understand that I will not be compensated for any photograph, video, electronic or digital image or audio recording which may be used in this capacity. I acknowledge and agree that City of Lynnwood may edit such photographs, video, digital, or electronic images or audio recordings at its discretion.

I hereby waive any right that I may have to inspect or approve such photographs, finished product, print material or copy, or other matter that may be used in connection therewith, or the use to which it may be applied, whether that use is known to me or unknown.

I agree that neither the City of Lynnwood nor any City Employee shall be liable for any claims, demands, actions, damages or causes of action of any sort whatsoever arising from the taking, use or publication of these photographs, videos, or other digital or electronic images or audio recordings.

In signing this release, I am informed that my child named below (initial) _____ may be used in connection with any photographs, videos, digital or electronic images or audio recordings that may be used in publications or other resources.

PARTICIPANT'S NAME (please print clearly): _____

BIRTHDATE: _____ AGE: _____ GENDER: _____

I hereby certify that I am the parent or guardian of the minor child named above and do hereby give consent without reservations to the foregoing on behalf of this minor child.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

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COVID-19 Release of Liability Waiver Form

PARTICIPANT'S NAME (please print clearly): _____

PARENT/GUARDIAN NAME (please print clearly): _____

I affirm that my child, as well as all household members, do not currently have, nor have experienced the symptoms of COVID-19, including, but not limited to cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or loss of taste or smell WITHIN THE LAST 48 HOURS.

I affirm that my child, as well as all household members, do not have any pending COVID-19 test results.

I affirm that my child, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.

I affirm that my child, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 14 DAYS.

I affirm that my child, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections WITHIN THE PAST 10 DAYS.

I understand that my child will be screened and asked the above questions each day of camp.

I understand that neither the City of Lynnwood nor the Lynnwood Police Department can be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each parent, guardian, or camper.

By signing below, I agree to each statement above and release the City of Lynnwood, Lynnwood Police Department, and any and all participants in this event who can be proved to be truthful on this waiver form any and all liability for the unintentional exposure or harm due to COVID-19.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

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LYNNWOOD WASHINGTON POLICE

CAMPER QUESTIONS

What do you want to learn at Police Youth Camp?

What is your favorite physical activity?

PRINT CAMPER'S NAME

CAMPER'S SIGNATURE

DATE

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Lynnwood Police Department Youth Police Camp CODE OF CONDUCT

1. Campers shall follow the direction of the camp mentors & staff at all times.
2. Campers will be courteous and treat everyone with respect.
3. Campers will show respect for police department personnel and property.
4. Foul language and gestures will not be permitted.
5. Horseplay or rough housing will not be tolerated.
6. No karate, pushing, wrestling, kicking, hitting, tripping, biting, or harassing will be tolerated.
7. Campers will participate in all camp activities, including physical fitness.
8. Face coverings are optional, but subject to CDC guidelines.
9. Athlete shoes must be worn (NO flip flops or sandals).
10. Camp T-Shirts must be washed and worn each day of camp.
11. Shorts or athletic wear must be worn (NO cut offs, extra baggy shorts, or pants).
12. We expect 100% attendance. Absences MUST be cleared through the camp counselor in advance, or the camper risks being dropped from the program.

NOTE: Any violation of the above rules may be grounds for dismissal from Police Youth Camp.

PARENT/GUARDIAN SIGNATURE

CAMPER'S SIGNATURE

DATE

PRINT CAMPER'S NAME

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