

2017

**PENNSYLVANIA STATE POLICE BUTLER COUNTY CAMP CADET
PARENTAL/ GUARDIAN / CAMPER RELEASE**

We / I understand that **Butler County Camp Cadet Association / Troop D Camp Cadet Association** will accept my child to attend its camp on the basis that we / I agree to assume all risks which may arise from my child's participation in the camp and further that we / I provide a release to **Butler County Camp Cadet Association/ Troop D Camp Cadet**, its directors, officers, agents, employees, staff, volunteers and members.

Therefore, with the intent to be legally bound, we / I consent to my child's participation in and attendance at the camp from August 06, 2017 through and including August 11, 2017. Furthermore, with the intention to be legally bound, we / I hereby release **Butler Camp Cadet Association / Troop D Camp Cadet, Pennsylvania State Police** its directors, officers, agents, employees, and members, from any and all liability for damage or injury to my child or my child's property resulting from his participation in and attendance at the camp.

We / I do further agree to indemnify, save harmless and defend **Butler County Camp Cadet Association / Troop D Camp Cadet**, its directors, troopers, officers, agent, employees, staff, volunteers and members, The Pennsylvania State Police from and against any and all claims, liabilities, losses, and expenses, including costs and indirectly as a result of any action or omission of my child, the **Pennsylvania State Police or Butler County Camp Cadet Association / Troop D Camp Cadet**, otherwise known as Butler County Camp Cadet, its directors, officers, agents, employees, staff, volunteers or members, arising from participation which we may have against any party whatsoever.

We/I understand that my child will be subject to the disciplinary policies of the camp, and refusal to abide by camp policies is grounds for dismissal from camp. We/I understand that we/I am/are responsible to provide transportation to and from camp. In the event of a disciplinary dismissal, I/we am/are required to provide transportation from the camp at the time requested by the camp staff.

We/I understand and acknowledge the significance and consequences of such specific intention to release all claims and hereby assume full financial responsibility for any injuries, damages, losses and medical expenses that my child or we/I may incur from participation in the camp.

(Please Print) Parent / Guardian Name

Signature of Parent / Guardian of Cadet (Date)

(Please Print) Cadet Name

Signature of Cadet (Date)

**DO NOT MAIL THIS FORM – BRING
COMPLETED TO ORIENTATION**

Butler County Camp Cadet Information Form

Camper Name: (Last, First, Initial) _____ Birthdate _____ Age/Gender _____

Parent or Guardian: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

Second Emergency Contact _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

Personal Physician: _____ Phone: _____

Additional information that may help us care for your child:

Insurance-A copy of the camper's insurance card must be attached to this form!!

Parental/Guardian consent to medical treatment and Hospital Services

This will certify that we (I), the undersigned parent(s) or guardian(s) of the listed below camper do, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services.

This will further certify that we(I), the undersigned, do hereby release and discharge the **Butler County Camp Cadet Association, Troop D Camp Cadet**, its officers, troopers, agents, instructors, employees, volunteers, board members, **The Pennsylvania State Police**, from any and all claims, demands, damages, suits, actions which we (I) may, can, or shall have by reason of any illness, injury, or accident, or suffered by said son, daughter, or child while traveling to, attendance at or participation in the Troop D Camp Cadet week from the time of his/her departure from home until his/her return thereto.

Signature and Printed Name of Father and Mother/Guardian(s)

Date

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Butler County CAMP CADET Physicians Evaluation Form

Name _____ Date of Birth _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

May participate in all camp activities (refer to list of activities on pg.5) YES or NO, if no, please explain: _____

Medical information pertinent to routine care and emergencies:

- () seizures () low blood sugar () diabetes () lung trouble () heart trouble
 () hx of fainting spells () bleeding disorders () hx sprains/strains/fractures
 () hx of concussion/head/neck/brain injury () hx of heartburn/Stomach issues
 () hx of bowel/bladder issues () recent infection/communicable diseases
 () mental health concerns, i.e. ADHD, Depression, Suicidal, Anxiety

*please explain above checked areas _____

Is this individual taking prescription or over the counter medication(s)? YES NO

Does the individual have allergies (environmental/insect/meds/food)? YES NO Explain: _____

Is the individual on a special diet? YES NO

Explain: _____

Does the individual have special needs or important health related information? YES NO

Explain: _____

This camper is up-to-date on all the following routine childhood immunizations? YES NO

(IMMUNIZATION RECORD MUST BE COPIED AND INCLUDED WITH FORM)

Print name of medical care provider: _____

Medical care provider's number _____

Signature of Physician, PA, CRNP

Date

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Butler County Camp Cadet Medication

Form/Permission Slip

Prescription and/or Over the counter medication

<u>Medication</u>	<u>Dosage</u>	<u>Time-please state</u> (breakfast, lunch, Dinner, bedtime)

☐ We/I give permission to the nursing staff of Troop D Camp Cadet to administer prescription medication to _____ (cadet's name), as prescribed by the child's physician.

☐ We/I give permission to the nursing staff of Troop D Camp Cadet to administer over the counter medication to _____ (cadet's name), as needed.

Signature or Parent(s)/Guardian(s)

Date

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2017 Butler County Camp Cadet

It is further understood that the program is physically and mentally challenging requiring that the camper/cadet/CCLD cadet/ P.I.P. Cadet/Jr. counsellor be physically fit, healthy, and said son/daughter/child does not require individual or special attention and that he/she will participate in all phases of the program.

Activities are as follows but NOT LIMITED TO:

1. Ropes course to include climbing and zip line
2. Obstacle course to include running, crawling, climbing, etc.
3. Shooting of firearms(conducted at local range under supervision)
4. Daily Physical training Instruction (0-3 mile run, push-ups, sit-ups, calisthenics, jumping jacks, etc.)
5. Daily Marching Drills
6. Swimming
7. 0-5 mile hike through wooded terrain
8. Daily sporting activities (soccer, flag/touch football, basketball, dodge ball, etc.)
9. Other physical activities that require running, crawling, jumping, throwing, climbing, carrying, bending, twisting, pushing, pulling, etc.

Permission to Photography and Video Recording

We/I give permission for _____ to be photographed and video recorded during participation in the 2017 Troop D Camp Cadet Program. I understand the photos and video recordings will be used by the Butler County Camp Cadet Association, Butler County Camp Cadet, and Troop D Camp Cadet to promote the program for future years. These promotional activities may include display to groups, public broadcast on television, internet display, etc. Images may also be sold as memorabilia.

Behavior Policy

Troop D Camp Cadet Personnel reserves the right, at their discretion, to dismiss any cadet/camper/CCLD cadet/P.I.P. cadet/Jr. Counselor whose behavior is deemed inappropriate. Parent(s)/guardian(s) must immediately pick up child upon a notice of expulsion/dismissal.

Rules include but are not limited to the following:

- Follow all rules set by Troop D Camp Cadet instructors/Staff
- Be Honest and Respectful at all times
- Keep hands to themselves and respect others space
- Stay with group and notify staff when they need to leave group
- Have positive attitude and participate in all camp activities
- No Bullying, Fighting, Hazing, Display of affection (Verbal or Physical) or Sexual Harassment
- No Negative or hateful language
- Theft or vandalism of any kind
- ABSOLUTELY NO possession of controlled substance, weapons, firearms or contraband
- Any acts that are in violation or the Pennsylvania Crime Codes

Signature of Parent(s)/Guardian(s) and Printed Name

Date

Signature of Cadet and Printed name

Date

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2017 Troop D Camp Cadet Range Waiver

Waiver and Release of Claims

In return for the permission granted to named child, _____, to utilize the firearms range located at PA State Police (Butler station), 200 Barracks Rd, Butler Township, Butler County, Pennsylvania or other alternate site and the facilities thereon. I also grant permission for my child to be transported via bus to the range site. I, the parent/guardian _____, on behalf of myself, named child, and our heirs, executors, administrators, and assigns, hereby waive, release and fully discharge the Pennsylvania State Police Troop D – Butler Camp Cadet, their guests, invitees, parents, subsidiaries, affiliates, successors, assigns, directors, officers, representatives, agents and employees and/or former directors, former officers, former representatives, former agents and former employees as well as the range facility and busing company of and from any and all rights, claims or causes of action I/we may have, whether the same be known or unknown, arising from any accident, injury, damage, or loss of any kind occurring to my person or the person of my child which I am the guardian, or property while utilizing the firearms range and facilities on the aforementioned property or alternate site or in route to/from same. I further represent that I give permission for my child, _____, of whom I am the guardian, to attend the Camp Cadet range and fire firearms, rifles, shotgun, and/or an electronic incapacitation device and that the named child shall wear appropriate protective gear at all times while utilizing the firearms range and facilities on the aforementioned property or alternate site.

I represent that I have read and fully understand the above Waiver and Release, and I, on behalf of myself and the named child for which I am the guardian, knowingly and voluntarily assume any and all risk of accidental or willful injury or damage as described above resulting from the use of the firearms range and facilities on the aforementioned property.

Printed name of Participant: _____

Signature of Participant: _____

Date: __/__/__

Printed name of parent/guardian: _____

Signature of parent/guardian: _____

Date: __/__/__

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What to bring and what not to bring:

PLEASE NOTE THIS LIST IS SUBJECT TO CHANGE AND FINAL DETAILS WILL BE DISCUSSED AT ORIENTATION.

BRING:

- Black ink pen
- Sleeping attire
- Sleeping bag or sheets and blanket and pillow
- Camp has beds but no bed covering or blankets
- Bug spray
- Swimwear (one piece for females, shorts style for males) & 1 beach towel
- Jacket or sweatshirt
- Raincoat / Rain gear
- Toothbrush, toothpaste, soap, deodorant, shampoo, mouthwash, other personal hygiene products
- Shower towels and washcloths
- Underwear (plenty for a week)
- Socks (plenty for a week)
- Tissues
- Flashlight (handheld style, no headlamps)
- Shower shoes
- Minimum of 2 pair of running shoes or athletic type of shoe (for running / exercising) (in good condition)
- Minimum of 8 plain white t-shirts w/ last name stenciled in black permanent ink on the front and back of shirt (1" block stencil)
- Electric fan optional
- 1 pair long BDU pants (Army style camo pants – can be camo or solid color – any color is fine)
- Laundry Bag
- Shaving cream if shave (DO NOT BRING RAZOR)
- Foot powder
- Pony tail bands for females
- 1 newspaper (for drying shoes)
- Sun block

Don't Bring:

- Razor (we will provide to those who need them)
- cell phone
- laptop, computer tablets, I Pods, etc
- electronic devices
- money
- jewelry (except medical alert)
- watches
- radio
- CD player
- TV
- Perfume/cologne
- Make up
- tobacco products
- food
- gum
- magazines
- guns, knives, firearms, or any other type of weapons
- Anything inappropriate or illegal

Medications

with instructions in original and labeled package must be given to the nursing staff upon arrival at Camp Cadet.

Camp Cadet reserves the right to hold any item that the director or one of his appointees feels inappropriate for Camp Cadet for the duration of the camp.

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Please feel free to contact Tpr. Dan Kesten at 724-284-8100 ext. 249 if you have any questions regarding any items that are allowed or disallowed at Troop D Camp Cadet.

Orientation and the 2017 Camp Cadet will be held at Lutherlyn on June 26, 2017 at a time to be determined.

Directions to Lutherlyn:

For GPS users:

500 Dick Rd, Butler, PA 16001 (Do not send correspondence to this address. The address is for Lutherlyn which is not affiliated with Troop D Camp Cadet. It is only the location in which it is held.)

From Interstate 79:

Take exit 99. Travel east on SR 422. Continue past the Butler County Fair grounds (will be on your left). Shortly after passing the Butler County Fair Grounds make a right at the 84 Lumber store onto Dick Road. Travel approximately 1.5 miles and turn right into the Lutherlyn grounds at the Luthelyn sign onto the paved drive. Continue straight on the paved drive until you reach a parking area and follow signs or direction of a Camp Cadet staff member.

From SR 8:

Continue to the junction of SR 8 and SR 422. Enter SR 422 and travel west on SR 422. Shortly before reaching the Butler County fairgrounds turn left at the 84 Lumber store onto Dick Rd. Travel approximately 1.5 miles and turn right into the Lutherlyn grounds at the Luthelyn sign onto the paved drive. Continue straight on the paved drive until you reach a parking area where a Camp Cadet staff member will greet you.

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This packet of release forms is NOT an application. Please do NOT mail these release forms but instead DO complete them and bring them to orientation.

If you have not submitted or viewed the application form, a link can be found at www.troopdcampcadet.org by clicking on the “application” link on the “apply” page.

Orientation will be held at Lutherlyn on June 26, 2017 at a time to be determined. Directions to Lutherlyn and the address can be found on page 8 of this release form packet.

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