

Plymouth Township Police Department
2009
C.O.P. CAMP
Registration Form

1. **Location:** Plymouth Township Police Department
700 Belvoir Road, Plymouth Meeting, PA 19462
610-279-1900
2. **Time:** 9 am – 1 pm
3. **Ages:** 9 through 12
4. **C.O.P. CAMP Dates:**

Monday, June 22, 2009 through Friday, June 26, 2009

PLEASE COMPLETE THE FOLLOWING INFORMATION

Campers Name: _____ **Birthdate:** _____

Address: _____, **Town:** _____, **Zip Code:** _____

School: _____, **Grade:** _____, **Home Phone:** _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Parents/Guardians: _____

Work Phone: _____

Emergency Contact: _____, **Phone:** _____

Relation: _____

Additional Information: _____

MEDICAL INFORMATION

Does Participant have any of the following conditions or diseases:

Epilepsy__ Deafness__ Hernia__ Diabetes__ Asthma__ Lung Trouble__
Skin Disease__ Ear/Sinus Trouble__ Other_____

Has Participant been vaccinated for: 3 DPT shots__ Polio__ Mumps__ Measles__
Rubella__ Tine__

List any allergies, which require medical treatment:_____

Is Participant under a physician's medical care now or within the past year?_____

Is Participant on any specific medication?_____

Please state any other conditions staff should be aware of:_____

I certify that I, the undersigned parent or legal guardian of the child listed above do certify that the child is in good health and is able to participate in the Cop Camp program. I understand that no health, and/or accident insurance are provided for the child and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance. I acknowledge that for special events the child will be bused to other locations within Montgomery County, Pennsylvania.

In consideration for your accepting the child in the program, I, the undersigned parent or legal guardian of the child for myself and the child, as well as our heirs, executors, administrators and assigns forever release and discharge Plymouth Township and the Plymouth Township Police Department, its appointed and elected officials, employees, agents and other representatives and their heirs, executors, administrators and assigns from any and all claims, causes of action, suits, debts or damages arising from any and all injuries sustained by the child as a result of Cop Camp and all of its related activities. Furthermore, I the undersigned parent or legal guardian of the child do hereby agree to indemnify, hold harmless and defend the Plymouth Township and the Plymouth Township Police Department, its appointed and elected officials, officers, employees, agents and other representatives, their heirs, executors, administrators and assigns for any and all injuries and property damages sustained by others by reason of the conduct of the child during the Cop Camp including court costs and attorneys fees.

I agree that Plymouth Township and the Plymouth Township Police Department shall have the right at their discretion to enforce established rules of conduct and/or terminate the child's participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group in its program as a whole.

I hereby grant Plymouth Township, the Plymouth Township Police Department, its appointed and elected officials, employees, agents and other representative's full authority to take whatever action they consider to be warranted regarding the health and safety of the child, and I fully release all of them from any liability for such actions taken on my behalf.

Parent/Guardian Signature

Date

PLYMOUTH TOWNSHIP POLICE DEPARTMENT
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