

**For more information about
the Smithfield Police Department's**

Community Policing Programs,

feel free to contact

Community Police Officers

Robert N. Squillante,

Ptln. Gary Masterson

or

Orlando Braxton

during normal business hours

(401) 231-2500 ext. 202

Smithfield Police Department

*215 Pleasant View Avenue
Smithfield, Rhode Island 02917-1799*



*National Guard Youth Development
Camp
2011*

National Guard Youth Development Camp

The Smithfield Police Department and the Smithfield Substance Abuse Prevention Task Force are teaming up with the Rhode Island National Guard's Youth Development Adventure Camp. The camp is a 3 day intensive, teambuilding / confidence development course aimed at young men and young women between **13 and 17 years of age**. Participants will be exposed to leadership and teamwork concepts through the use of mental and physical training.

The adventure camp and transportation to and from Camp Fogarty (East Greenwich) is **free of charge** to Smithfield residents. The camp will start on Wednesday, August 3rd and end on Friday, August 5th, 2011.

The camp will consist of three days at the National Guard Youth Development Camp. Any questions should be referred to the Smithfield Police Department's Community Policing Unit **231-2500 ext. 202**.

The camp will be filled on a first come, first served basis. The deadline for registration is Monday, August, 1, 2011. All applications should be returned to the Smithfield Police Department.

All applications will be accepted on a first-come, first-served basis. Space is limited and we expect the camp to fill up quickly.

Please fill out 3 page National Guard waiver and medical forms and attach to this application. All waiver and medical forms are absolutely necessary to participate.

REGISTRATION FORM

PLEASE PRINT or TYPE

NAME (Last, First, Middle Initial):

Street Address:

City:

State:

ZIP

Home Phone:

Cell Phone:

Date Of Birth:

Driver's License #:

Have you ever been convicted of a crime?

____ YES ____ NO

EMAIL:

If YES, explain where, when and disposition:

Place of employment/ School:

Street Address:

City:

State:

ZIP

Signature:

Date:

**Rhode Island National Guard
Youth Development Adventure Camp
Camp Health Form**

COMPLETE ALL the information below. The requested information provides the National Guard personnel and local agency personnel necessary information to assess the needs of your child while at the Youth Development Adventure Camp. A certified Physician **MUST** have accomplished a complete physical within the past year.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DOB ____/____/____ MALE / FEMALE Emergency Contact Number _____

Emergency Contact Person _____ Relationship _____

Address _____ City _____ State _____ Home Phone _____

Circle the APPROPRIATE answer

Part 1. Physical Exam Date of last Physical ____/____/____ Height _____ Weight _____

ASTHMA: No Yes **DIABETES:** No Yes **ALLERGIES:** No Yes (please explain)

MEDICATION (Required at Camp): No Yes (please list) _____

OTHER MEDICATION(S) THAT MAY AFFECT BEHAVIOR OR HEALTH AT CAMP:

RESTRICTIONS: Can participate in moderate physical activity: Fully With Limitations

Can stand for long periods: No Yes Any history of heat related injuries: No Yes

Please explain any yes answers or any limitations: _____

Part 2. Parent/Guardian Information And Signature Block

The Rhode Island National Guard Counterdrug Program Youth Development Adventure Camp's number one priority is safety. In order to accomplish this priority, the Camp Health form must be filled out, signed, and dated by a parent/guardian, and presented to the designated National Guard Staff Member prior to arrival on the first day of camp. Failure to present this form at that time will result in child becoming a non-participant until form is turned in.

(Parent/Guardian Signature)

(Date)

Name of Participant: _____

**GENERAL RELEASE AND INDEMNIFICATION AGREEMENT
CAMP FOGARTY, E. GREENWICH, RI**

I, _____ (printed parental name), in consideration of the permission granted to me by the Rhode Island National Guard for the use of the grounds and facilities at Camp Fogarty, East Greenwich, Rhode Island, do hereby release, acquit, discharge and covenant to hold harmless the United States of America, the State of Rhode Island, their agents, servants and other employees, from any action or claim for personal injury or property damage arising out of said use of Rhode Island National Guard grounds and facilities at Camp Fogarty, in East Greenwich, Rhode Island. Moreover, I, fully recognize that certain activities may, by their nature, pose varying degrees of inherent risks or potential hazards which may result in either serious bodily injury or possibly my death. I knowingly and willingly assume any and all risks involved during my use of the grounds and facilities and/or during transportation at Camp Fogarty, in East Greenwich, Rhode Island.

I, individually and for my successors, heirs, legatees and assigns, agree to defend, indemnify and otherwise hold harmless the United States of America and the State of Rhode Island, their agents, servants and other employees, from any action in tort, equity or otherwise that I may have as a result of the use of said facility.

I HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND UNDERSTAND THE TERMS AND CONDITIONS CONTAINED HEREIN.

Parent/Guardian (Printed Name)

SIGNED (Signature of parent/guardian)

DATED: _____

Child

RELEASE, HOLD HARMLESS AGREEMENT and AUTHORIZATION

Name of Participant (child)

Date:

(Last, First, Middle Initial)

I authorize my **child** named above to participate in the Low Ropes and/or High Ropes Course activities at the National Guard facility, Camp Fogarty, East Greenwich, Rhode Island on _____ . I understand that participation is voluntary and that while care and attention will be given to the health and safety of the participants, the Rhode Island National Guard, the State of Rhode Island and the United States of America, their agents, servants and/or employees shall not be liable for injury or death sustained by my child while participating in Low Ropes and/or High Ropes Course activities. I understand that participation in Low Ropes and/or High Ropes Course activities involves risk of injury or death and I accept and assume sole responsibility and liability for my child for such risks.

I hereby release the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees of and from any and all claims, demands, damages, losses, expenses relating to all harm, personal injuries or death, including but not limited to those resulting from negligence, that my child may sustain which in any way relate to or arise out of my child's participation in the Low Ropes and/or High Ropes Course activities. I shall indemnify and hold harmless the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees from and against any and all claims, demands, damages, losses, expenses, attorneys fees, actions, causes of action, suits or judgments by or on behalf of my said child, his/her heirs, executors, administrators, successors/assigns, or any other person or persons on his/her behalf, arising from or in any way relating to any harm, personal injuries or death, that my child may sustain as a result of my child's participation in the Low Ropes and/or High Ropes Course activities.

I hereby authorize the Rhode Island National Guard to secure such emergency medical advice and/or services as may be necessary for the health and safety of my child and I agree to accept full financial responsibility for any such medical advice and services.

I understand that Rhode Island news media and the Rhode Island National Guard may view, photograph and/or film portions of the Low Ropes and/or High Ropes Course activities and interview participants. I authorize the use and/or publication of my child's photograph, image, quote and/or voice in connection with his/her participation in the Low Ropes and/or High Ropes Course activities.

Printed Name of parent/guardian

Signature of Parent/Guardian