

2008 Indiana State Police Summer Camp Application

Instructions for Parents/Guardians:

1. PRINT clearly in ink.
2. Application must be received two (2) weeks before camp begins.
3. No "walk-ons" will be accepted.
4. Requests for refunds are considered only when received in writing two weeks prior to camp starting. 20% of the camp fee is NON-REFUNDABLE.
5. PARENTS/GUARDIANS ARE RESPONSIBLE FOR TRANSPORTATION TO AND FROM CAMPS.

PARENTAL CONSENT: As a parent or court appointed guardian of the applicant, I assume all risks and liability pertaining to any activity whatsoever, and wherever located, and permit the use of my child's likeness in camp promotional publications, pursuant to the program and hereby release from any such liability, the Indiana State Police and ISP Youth Services, that may arise due to participation in the Indiana State Police Summer Camp Program.

 Parent or Guardian Signature/Date

MEDICAL INFORMATION IN THIS AREA MUST BE COMPLETED

As a parent or court appointed guardian of the applicant, I understand first aid will be available at the camp and campers will be closely supervised. If a serious injury/illness develops, medical and/or hospital care will be given. I further understand in case of serious injury or illness, I will be notified. If it is impossible to reach me, I give permission for emergency treatment or surgery as recommended by the attending physician. As a parent or guardian, I assume all responsibility for medical cost incurred as the result of sickness or injury.

 Parent or Guardian Signature/Date

Insurance Carrier _____	Policy Number _____
Insurance Carrier Phone Number with Area Code _____	

NAME: (Last) _____
 (First) _____
 (Middle) _____

Birth Date: _____ Shirt Size _____
 (mm/dd/yyyy) (Adult size) S - M - L - XL - XXL

Age: _____ Male: Female: Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone Number: _____
 (Include Area Code)

Emergency Contact Name _____


Emergency Contact Phone Number: _____
 (Include Area Code)


Parent/Guardian E-mail Address (if available for confirmation purposes): _____


SPONSOR NAME and PHONE NUMBER (i.e. Indiana State Police, Lions, Optimist Club Representative)
Name: _____
Phone: _____
Organization: _____

Briefly list ALL medical conditions/medications: _____

Please check the Camp You Will Be Attending

	Indiana State Police Career Camp (\$225.00 fee) Co-Ed Campers Entering 9 – 12 Grades _____ Vincennes University - July 6 – 11
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	Lions Law Camp (\$110.00 fee) Co-Ed Campers Entering 7 – 8 Grades _____ Vincennes University - June 25 - 28 _____ Anderson University - July 9 - 12
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	Optimist Respect for Law Camp (\$95.00 fee) Co-Ed Campers Entering 5 – 6 Grades _____ Hanover College - June 26 - 28 _____ Vincennes University - June 12 – 14 _____ Anderson University - July 10 – 12 _____ University of Southern Indiana - June 5 – 7 _____ University of Indianapolis - July 17 – 19 _____ University of Notre Dame - July 17 - 19 (Fee \$115.00)
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ONLY MONEY ORDERS OR CASHIER CHECKS WILL BE ACCEPTED
NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED
 PAYABLE TO: Indiana State Police Youth Services (ISPYS)
 8500 E. 21st Street, Indianapolis, IN 46219
 Phone: 317.899.8293 or Toll Free: 888.477.9688