



Dear Parent/Guardian,

Your child is being invited to participate in the annual St. Mary's County CAMP D.A.R.E. August 10th through August 14th at the Leonardtown Middle School. CAMP D.A.R.E. is a **FREE** five-day camp for incoming 5th and 6th grade students to the 2020-2021 school years. CAMP D.A.R.E. is being conducted by the St. Mary's County Sheriff's Office, in cooperation with St. Mary's County Public Schools. The camp will be held between the hours of 8:00 a.m. and 4:00 p.m. each day. Transportation to and from camp each day will be the responsibility of the parent/guardian. **Students must be signed in and signed out each day by an adult. Identification will be requested.**

CAMP D.A.R.E. will be run by members of the St. Mary's County Sheriff's Office and students from the Dr. James A. Forrest Career and Technology Center Criminal Justice program serving as camp counselors. The Drug Abuse Resistance Education, (D.A.R.E.) America, Elementary curriculum will be taught during the week. Each day participants will receive two D.A.R.E. lessons instructed by certified D.A.R.E. Instructors. The D.A.R.E. program seeks to educate students about the harmful effects of drugs, alcohol and involvement in violence. The program is designed to suggest alternatives to these activities, and provide students the tools they need to make good decisions to avoid drugs, alcohol, and violence. Additional activities throughout each day may include: arts and crafts, recreational competitions, and public safety related demonstrations and activities. A snack and lunch will be provided for all participants each day.

Medical staff will be present during CAMP D.A.R.E. to handle any emergencies that may arise and dispense regularly prescribed medication, supplied by the parent/guardian.

CAMP D.A.R.E. is made possible and free of charge to participants by various financial contributors. Space is limited to 100 St. Mary's County student participants on a first-come, first-serve basis. To secure a space for your child please complete the accompanying packet of information and mail, deliver, or fax to:

St. Mary's County Sheriff's Office
Attention: Cpl. Angela M. Delozier
23150 Leonard Hall Drive, Leonardtown, Maryland 20650
Fax: 301-475-4047

Cut-off date for applications: June 1, 2020

We are looking forward to CAMP D.A.R.E. and to sharing this opportunity with your child. If you have questions or would like more information regarding CAMP D.A.R.E. please contact Cpl. Angela M. Delozier at angela.delozier@stmarysmd.com or 301-475-4200 ext. 8094

Sincerely,

A handwritten signature in blue ink, appearing to read 'Timothy K. Cameron', is written over a blue horizontal line.

Timothy K. Cameron
Sheriff
St. Mary's County Sheriff's Office

CAMP D.A.R.E. APPLICATION

(Circle one of the choices below)

Applying for: Participant in Camp D.A.R.E.

Junior Counselor (ages: 12-14) DUE BY: 05/08/20

Participant Name:

First: _____ Middle Initial: _____ Last: _____

Sex: _____ Race: _____ Date of Birth: _____ T-Shirt Size: (child size) _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail address: (For Camp Updates/Notifications) _____

Parent/Guardian Name(s): _____

Parent Work/Cell Phone Numbers: _____

Emergency Contact if Parent/Guardian Unavailable: _____

Phone Number: _____

School: _____ Grade (2020-2021 School Year): _____

Medical Conditions that may impact your child's participation and/or reasonable accommodations that may be required to facilitate access and/or participation in Camp D.A.R.E.: _____

Participant Medical Information (Attach additional pages if necessary.)

Medical Conditions: _____

Allergies (to include food/special diet): _____

Medications: _____

Initial if any medications are to be taken while at camp: _____

*All medications to be taken while at camp must be in their original bottles and submitted to the camp medic upon arrival at camp each day by the parent and returned at the end of each day to the parent. Written instructions for administration shall accompany medications and be signed by parent/guardian.

Participant's Physician's Name: _____

Physician's Phone Number: _____

The St. Mary's County Sheriff's Office and St. Mary's County Public School System does not discriminate on the basis of race, color, sex, age, marital status or sexual orientation, national origin, religion or disability in matters of employment or providing access to programs.

Camp D.A.R.E. Medical Release:

I understand first aid will be available at CAMP D.A.R.E.; participants will be supervised and hospital care will be given at the expense of the parent/guardian if warranted. I further understand in case of serious injury or illness, I will be notified. If it is impossible to reach me in a timely manner, I hereby give my permission for emergency treatment or surgery as recommended by the attending physician.

Parent/guardian signature: _____ Date: _____

Camp D.A.R.E. Parent/Guardian Indemnification and Release:

I/we, the undersigned parents/guardians of _____ (student), as a condition precedent of student’s enrollment and participation in Camp D.A.R.E., grant permission for the student to attend and fully participate in Camp D.A.R.E. and all related activities. As parents/guardians of the student, we recognize and fully appreciate that there are inherent risks of injury and harm arising out of participation in any summer camp program and, in recognition of such risks, hereby agree, on our own behalf and on the behalf of the student and our and the student’s heirs, executors, successors, assigns, beneficiaries, and insurers, agree to remiss, release, and forever discharge the St. Mary’s County Sheriff’s Office and the Board of Education for St. Mary’s County and their respective employees, assigns, and insurers, of and from any and all liability for any and all claims for personal injury, death, or property damage that may be suffered by us or by our student while participating in Camp D.A.R.E. and all related activities except for such claims as may arise out of intentional wrong doing. We further agree that we, as parents/guardians, bear the sole responsibility for providing adequate insurance to cover any potential injury, harm, or loss that may befall the student.

Signature of
Parent/Guardian: _____

Printed Name
Parent/Guardian: _____

Signature of
Witness: _____

Printed Name
Witness: _____

Date: _____

Date: _____

Application cut-off date: June 1, 2020

You will be notified via the email a confirmation of receipt of application and acceptance into Camp D.A.R.E. You will also receive updates closer to Camp via email. If you did not provide an email, you will receive updates via mail.



Timothy K. Cameron
SHERIFF

Office of the Sheriff *St. Mary's County*

Headquarters
23150 Leonard Hall Drive
Leonardtown, MD 20650
301-475-4200 Ext. 1900
301-475-4047 Fax

Detention Center
41880 Baldrige Street
P.O. Box 960
Leonardtown, MD 20650
301-475-4200 Ext. 2200
301-475-4010 Fax



An Internationally
Accredited Agency

Media Release

I, _____, the parent/guardian of _____, hereby give permission to St. Mary's County Sheriff's Office, Board of Education, or a media organization authorized by the Sheriff of St. Mary's County, Maryland to photograph, videotape, or record the voice of my son/daughter while engaged in activities associated with the 2020 Camp D.A.R.E. program while on the St. Mary's County Public School system and property. This video specifically covers the activities; the D.A.R.E. participants will be involved in each day. I understand these photographs/videos/recordings may be used for publication in materials of local, state, or national distribution and I, hereby, authorize their release for such purposes.

Signed _____ Date _____

Witnessed _____