



2024 Maize Police Department 911 Camp Registration

MAXIMUM 50 PARTICIPANTS PER CAMP

Camp registrations are open until all slots are filled.

REGISTRATION:

NAME _____ Age _____ Grade Level _____

Home Phone _____ Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Emergency/Cell Phone # _____

Alternate Emergency Name & Phone #'s _____

Special Medical Information: _____

Please select which dates you would like to attend:

911 Camp for ages 8-14 June 4-7 June 18-21 **Fee:** \$150, each additional sibling is \$100

T-Shirt Size (Please mark) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
 Adult Small (34-36) Adult Medium (21-24) Adult Large (42-44)

Parents Release and Indemnity Agreement To:

Release: I acknowledge that by my signature below, the registrant listed above is participating in the city of Maize 911 Camp at his/her own risk. Maize USD 266, City of Maize, successors, and assigns shall not be held liable for any accidents, illness, injury, or damage to property. The City of Maize does not provide any medical insurance for participants. Parents/Guardians are responsible for insurance. Parents must sign for children, 18 and under, entering program. Registration not valid without signature. I understand that I may call any camp staff member or Chief of Police with any questions or concerns.

Model Release: The undersigned and participant authorize the city of Maize staff to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof.

Medical Release: In case of a medical emergency and I cannot be contacted, I give my permission for a representative of the city of Maize to act in my place and to make medical decisions concerning emergency treatment for the participant. I understand that the city of Maize staff is not allowed to administer any medications.

Conduct: The undersigned and participant agree to abide by all the policies and guidelines set forth by the city of Maize regarding this program and violations could result in being expelled from the activity with no refund.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature _____ Date _____

(parent/guardian must sign for participant – registration is NOT valid without a signature)

Make checks payable to **Maize Police Department** and return this form to the
Maize Police Department ♦ P.O. Box 245 ♦ Maize, KS. 67101