



City of Tigard

POLICE DEPARTMENT

DARE to be GREAT Summer Program Application

PLEASE PRINT

Name Date of birth

Age Sex T-Shirt Size: *Youth* S M L XL *Adult* S M L XL

Address Phone number

City State Zip code

School Attended Teacher Grade

Parent or Guardian Employer Work phone

In case of emergency notify: _____

Daytime phone number: _____

I _____ agree to follow all rules and regulations concerning conduct and dress. Should I violate these rules I understand that I may be subject to expulsion from the program.

Please mark the camp you would like your child to attend with 1st, 2nd, 3rd, 4th and 5th choice. They can only attend one week of camp.

June 27th – July 1st _____ July 11th – July 15th _____

July 25th – July 29th _____ August 8th – August 12th _____

August 15th – August 19th _____ Transportation Needed Yes No

****There will be a \$25.00 transportation charge.** Make checks payable to Tigard Youth Association. Checks are non-refundable if you cancel. Send check along with the application.**



City of Tigard

POLICE DEPARTMENT

DARE to be GREAT Accident Waiver Form

PLEASE PRINT

Participant name _____			Date of birth _____
Parent's name _____			Phone number _____
Address _____			Business phone _____
City _____	State _____	Zip _____	Daytime phone _____

List any and all physical/medical conditions, which may affect participation in any, DARE to be GREAT Summer Program physical activity. Please explain: _____

List any medication participant is taking: _____

Family doctor: _____ Address: _____

Phone number where doctor can always be reached: _____

1. _____ Home phone _____ Work phone _____
(Person to notify in parent/guardians absence)

2. _____ Home phone _____ Work phone _____
(Person to notify in parent/guardians absence)

PARENTS/LEGAL GUARDIAN

I, _____, release the Tigard Police Department and DARE to be GREAT Summer Program, from any and all liabilities or responsibilities pertaining to accidents, injuries, or complications resulting from activities, or while transporting participants.

I authorize the DARE to be GREAT Summer Program leadership to transport the above named participant to the nearest hospital in case of injury or suspected injury while the participant is involved in the DARE to be GREAT Summer Program Activity.

I authorize the hospital attending physician to administer necessary emergency professional medical care to the above names participant upon his/her arrival at the hospital.

Parent's Signature _____ Date: _____

NOTE: This form must be completed and signed before the named participant can be assigned to the program.



City of Tigard, Oregon

Photo Consent—Release of Liability

Persons Under 18 Years of Age

Photographs are taken during DARE to be GREAT Camp to be used in their memory books given to each student at the end of camp; also for the end of the week remembrance movie.

CHILD (UNDER 18)

I verify that I am a **parent or legal guardian** of _____ and I hereby consent to photograph or videotape taken of him/her by the City of Tigard which may be used in various ways for outreach, education and documentation purposes, without compensation. I understand this use could be in a brochure, shown at a public meeting, shown at a cable-aired meeting, provided as “snapshots” of events in the Tigard Public Library lobby, on the city’s website and in many other venues.

I do hereby fully and completely release the City of Tigard, its officials, employees and agents from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of his/her photo being used by the city for outreach, education and documentation purposes.

By my signature below, I verify that I am the parent or legal guardian of my child/ward. I also agree to hold harmless, release and indemnify the City of Tigard, its officials and employees from all liability resulting from my consent to use his/her photo for the purposes stated above.

Signature of Parent/Legal Guardian Date

Child’s age: _____ Parent/guardian address: _____

City/State _____ Phone: _____ Email: _____

* * * * *

_____ I do not wish to have my child photographed.

Signature of Parent/Legal Guardian Date