

BLUE SPRINGS POLICE DEPARTMENT

COMMUNITY & YOUTH OUTREACH UNIT

205 S. 11TH STREET, BLUE SPRINGS, MO 64015 - PHONE (816) 228-0178 FAX (816) 228-0242

2009 LEADERSHIP CHALLENGE APPLICATION FOR YOUTH ENTERING 8TH-12TH GRADES

JULY 13 - JULY 17, 2009

Name: _____ Male Female
Age: _____ Birthdate: _____ Grade (Fall 2009): _____
School Student Will Attend Fall 2009: _____
Home Address: _____ Home Phone: _____
City, State: _____ Zip: _____
Parent(s) Name: _____ Work Phone: _____
Alternative Emergency Contact: _____ Phone: _____
Adult T-Shirt Size: Small Medium Large X Large XX Large
(No guarantee of T-Shirt if application is not received three (3) weeks prior to camp.)
Have you attended our camp before? Yes No
How did you hear about our camp? School Y.O.U. Friend Channel 7 Newspaper Other

MEDICAL INFORMATION

Medication: _____ Times: _____ Medication: _____ Times: _____
Medication: _____ Times: _____ Medication: _____ Times: _____
Any medical, physical, or mental complications or limitations? YES / NO
If yes, please explain: _____

If you believe your child may not be able to participate in physical activities, please consult your physician for approval before attending.

REGISTRATION INFORMATION:

- **The total cost of the camp is \$110.00.** Please make checks payable to the City of Blue Springs. Payment is due at the time of registration.
- **Late Registration:** Those showing up on or after the first day of camp will be assessed a **\$10.00 late fee** and may **NOT** receive a T-Shirt.
- **Cancellation:** Your full tuition will be refunded **less an administrative fee of \$10.00** if you withdraw before camp begins. Cancellations must be made in writing.
- **Refund Policy:** After the camp has begun, **NO REFUNDS** will be made.

Consent Waiver: I, the undersigned parent or guardian of the above-named child, do hereby grant authority to the staff of the Blue Springs PD & CJCFPD to render a judgment concerning medical assistance in the event of an accident or illness during my absence. I voluntarily allow my child to participate in the Leadership Challenge and do hereby release and waive any and all rights, claims, or actions that myself, my child, or anyone acting on behalf of my child's interest may have against the Blue Springs Police Department and/or the City of Blue Springs, its staff, host facility, and directors. I also agree that photos during camp may be taken and used for promotional purposes by the Blue Springs Police Dept.

Liability Waiver: I, the undersigned parent or guardian of the above-named child, do hereby agree to release all liability and claims against the Community & Youth Outreach Unit of the Blue Springs Police Department and/or the City of Blue Springs and agree to hold harmless any liability against the Community & Youth Outreach Unit, any sponsoring organization, facility, instructor, and any other party involved, due to injuries, accidents, negligence, or any other circumstances arising from participation in this program.

Parent Signature: _____ Date: _____

(Required)

CL-2008 Summer Camp

FOR OFFICE USE ONLY

REGISTRATION FEE: _____ CASH CHECK CHECK # _____

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FOR YOUTH ENTERING 8TH-12TH GRADES

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The Leadership Challenge Boot Camp was created to help youth learn about making healthy lifestyle choices and living a drug free life. The Summer Camp will be conducted by Blue Springs Police Department Officers, Community & Youth Outreach Unit Police Officers/Staff and will provide structure and education for youth. Members of the Central Jackson County Fire Protection District will also be instructors at the camp.

During the week, youth will learn to:

- Respect parents and authority figures
- Mediate Conflicts
- Make better decisions
- Maintain a healthy lifestyle
- Practice basic safety skills
- Change negative behaviors
- Avoid criminal behaviors
- Work in a team
- Build and develop character
- Challenge themselves
- Discover their leadership potential
- Avoid drug use

Camp Information:

- The total cost for the camp is \$110.00. Please make checks payable to the **City of Blue Springs**.
- Camp starts at **8:00 a.m.** and lasts until **5:00 p.m.** each day. The earliest a participant may be dropped off is 7:30 a.m. and the latest he/she may be picked up is 5:30 p.m. If you are a police referral, tardiness will cause your case to be closed unsuccessfully.
- Your child may be dropped off and picked up at James Lewis Elementary School, which is located at 717 NW Park Road (next to Pink Hill Park). The drop-off is located in the front circle drive of the school. The BSPD Staff or its designated contractors will provide all services on site. Other training will be within walking distance. For example, Burr Oak Woods will be used numerous times and is 1.5 miles away.
- **Each child should bring a sack lunch and drink. Coolers are allowed due to no refrigerator. Please have youth's name on his/her lunch. Please have youth bring an extra beverage for hydration throughout the day. Please have beverage container labeled with youth's name.**
- Appropriate dress will include a plain solid white t-shirt (no logos, advertisements, or writing), pants, and tennis shoes. **NO SHORTS ARE ALLOWED!** Pants may not be baggy. No scarves or bandannas are allowed. Any violation will be cause for dismissal. **No refund will be given if this occurs.**
- Please bring sunscreen and bug spray of some type, as a large part of the camp will be outside. Please put youth's name on any item brought.
- Discipline will be enforced and youth may be asked to leave camp if they are unable to follow camp rules. **No refund will be given if this occurs.**
- All provisions outlined in the C.Y.O.U. Behavior Contract will apply. Any violation to the Behavior Contract will be dealt with by contacting a parent to pick up their child, and the child will not be allowed to return. Any police referral cases will be closed immediately and referred to Family Court.