

Police Athletic League

Virgin Islands Police Department
45 Mars Hill
Frederiksted, St. Croix 00840
340-773-6393

Summer Camp Application

New Camper

Previous Camper

Name _____ Age _____ DOB _____
Last First Initial

Address _____ Phone _____

Name of Parents/Guardians _____

Phone: Work _____ Cellular _____

Phone: Work _____ Cellular _____

EMERGENCY CONTACT INFORMATION

If parents or guardians are unable to be reached, contact:

Name: _____ Name: _____

Contact Number(s) _____ Contact Number(s) _____

Relationship to Camper: _____ Relationship to Camper: _____

***** HEALTH INFORMATION *****

List any illness, medical conditions or special eating habits: _____

MEDICAL CONSENT FORM

I _____ legal parent/guardian of _____

Hereby give authority to the counselor of the Police Athletic League to sign in my absence any medical treatment to be administered by any Emergency Staff in the Virgin Islands to _____ my legal son/daughter who is a member of the Police Athletic League program while he/she is under the supervision of the Police Athletic League Staff.

Should any medical complication surface as a result of the medical treatment administered by the Emergency Room Staff, I do not hold the counselor and or supervisor of the Police Athletic League or the Virgin Islands Police Department legally responsible for such complication. I also consent for my child/children to take part in all scheduled outings and field trips.

Signature of Parent/Legal Guardian

Date

The following person(s) are authorized to pick up _____

Name	Phone Number	Relationship to Camper
_____	_____	_____
_____	_____	_____
_____	_____	_____

******* SELF RELEASE PERMISSION*******

My child _____ has permission to walk home or to _____
_____ from the Police Athletic League Summer Camp at the end of the day.

******* T-SHIRT INFORMATION*******

Youth Size: Small Medium Large

Adult Size: Small Medium Large
 Extra-Large Double Extra Large

PUBLIC RELATIONS

Please initial one of the following:

_____ I authorize the Virgin Islands Police Department (Police Athletic League) to use my child's photograph for public relation purposes.

_____ I **do not** authorize the Virgin Islands Police Department (Police Athletic League) to use my child's photograph for public relation purposes.

CAMPERS SHOULD: Wear sneakers daily, no sandals will be allowed; leave all electronics items at home (e.g. iPods, PSP, Nintendo DS/Lite, Cellular telephone, MP3 player, etc.); Camp T-shirt MUST be worn at all off-campus activities.

The Virgin Islands Police Department (Police Athletic League) is not responsible for any items that are lost or stolen.

Office Use Only:	
Date Received: _____	Initials: _____
Amount Paid: _____	Initials: _____
Payment Type: _____	Check #: _____