

SPRINGFIELD POLICE DIVISION'S BIKE CAMP

SPRINGFIELD POLICE DIVISION
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___ ~~June 13-17, 2016~~

___ **June 20-24, 2016**

* Choose Only One

Application Instructions:

1. Print clearly.
2. Complete all information.
3. Mail, email or FAX application.

PARTICIPANT'S NAME: _____

ADDRESS: _____
(STREET, CITY, STATE, ZIP)

PARENT/GUARDIAN: _____

CONTACT NUMBER: _____ Email: _____

PARTICIPANT'S BIRTH DATE: ___/___/___ AGE: _____ Male: _____ Female: _____

SHIRT SIZE: (Circle) **Youth:** SM MED LG **Adult:** SM MED LG X-LG 2X-LG

SCHOOL: _____ GRADE: _____

LIST ANY MEDICATIONS / MEDICAL CONDITIONS: _____

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LIST ANY UNUSUAL CONDITIONS / DIETARY NEEDS: _____

EMERGENCY CONTACT: _____

PHONE: _____ CELL PHONE: _____ RELATIONSHIP: _____

CHILD HAS PREVIOUSLY ATTENDED BIKE CAMP? Y: _____ N: _____ YEAR(S): _____

I UNDERSTAND THAT PHOTOGRAPHS AND/OR VIDEO MAY BE TAKEN OF THE PARTICIPANT, A MINOR, DURING THE COURSE OF THE SUBJECT EVENT OR PROGRAM. I HEREBY GIVE MY PERMISSION FOR THOSE LIKENESSES AND THE MINOR'S VOICE TO BE REPRODUCED FOR PROMOTIONAL PURPOSES OR REBROADCAST. THIS WILL BE USED FOR THE SPRINGFIELD POLICE DIVISION BIKE CAMP 2016.

IF I CANNOT BE REACHED, I HEREBY GIVE MY PERMISSION FOR EMERGENCY MEDICAL TREATMENT OR SURGERY AS RECOMMENDED BY THE ATTENDING PHYSICIAN. AS PARENT/GUARDIAN, I WILL ASSUME ALL RESPONSIBILITY FOR MEDICAL COSTS INCURRED BY THE APPLICANT

SIGNED: _____ DATE: _____
(PARENT/GUARDIAN)

PRINTED: _____
(PARENT/GUARDIAN)