

# Student Forensic Day Camp Application



## Personal Information

Name	
Street Address	
City / State / Zip Code	
Home Phone	
Date of Birth / SSN	
E-mail Address	

## Person to Notify in Case of Emergency

Name	
Street Address	
City / State / Zip Code	
Home Phone	
Work Phone	
E-mail Address	

## Permission & Release

I hereby certify that I am the parent or legal guardian of the minor child identified above (the "Student"). I give my permission for the Student to attend the Florence Police Department Student Forensic Day Camp Beginning **June 22nd** and ending **June 26th**. During the course of the Academy, the Student may be riding in Police Department vehicles to visit locations in Boone County.

I hereby agree to release, hold harmless, indemnify, and defend the City of Florence, its elected officials, officers, agents or employees from any lawsuits, claims or actions of any kind, which may result from or arise out of participation by the Student in the Day Camp. In case of emergency, I give permission for the Student to receive medical treatment. In case of such an emergency, please contact the above listed person.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted in the Forensic Day Camp, any false statements, omission, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	Signature	Date
(Student)		
(Parent)		