



# P. L. E. D. G. E.

## Summer Leadership Camps

### Registration Packet

FIRST CAMP

JULY 20-24, 2015

**OPEN ENROLLMENT**  
**APRIL 13 THRU JUNE 19, 2015**

or

SECOND CAMP

AUGUST 3-7, 2015

**OPEN ENROLLMENT**  
**APRIL 13 THRU JULY 2, 2015**

If interested, please complete the packet and fax it to 410-313-6061  
or email application to

[cjames@howardcountymd.gov](mailto:cjames@howardcountymd.gov) or  
[dbecraft@howardcountymd.gov](mailto:dbecraft@howardcountymd.gov)

or mail packet to:

Howard County Police/PLEDGE  
ATTN: Sgt Don Becraft  
3410 Court House Drive  
Ellicott City, MD 21043

**NOTE: You must complete all pages.**  
**PLEASE PRINT CLEARLY**

## **P.L.E.D.G.E. Summer Leadership Camp Description**

The P.L.E.D.G.E. Summer Leadership Camp begins with a five-day program designed to teach, demonstrate, and encourage 6 key fundamentals of life. It is believed that these fundamentals, if understood and applied, can lead to success in life. **This program is for 8<sup>th</sup> graders entering into 9<sup>th</sup> grade (High School).**

### The fundamentals:

**Pride** – If a young person is proud of whom they are - they are less likely to engage in criminal behavior.

**Leadership** – By developing a leadership mentality in a young person, we are reducing the likelihood they will give into peer pressure.

**Education** – Stressing the necessity of education will keep them focused on a positive future, and attaining their goals.

**Diversity** – Youth recognize the strength in our differences and learn to accept and work with others.

**Gang Resistance** – Provide an understanding of the nature of gangs and gang activity and how it is contrary to all of the other fundamentals we teach.

**Evaluation** – Explain the process of evaluation so the student can make better decisions.

The program uses the talents of the SROs and other components of the Howard County Department of Police to teach these fundamental lessons. There are also instructors from outside the Department who are presenting topics to the students.

The following is a brief list of some of the classes:

Drug and Alcohol Abuse

Decision Making

Domestic Violence

Communication Techniques

Peer Pressure

Career Options (presentations will be made by Police Department and the Department of Fire and Rescue Services)

Terrapin Adventures (here the students will face mental and physical challenges which will promote teamwork and leadership)

Tubing and Canoeing on the Antietam Creek

All of the presentations and classes are designed to promote the 6 fundamentals of the P.L.E.D.G.E. Summer Leadership Camp.

Another component of the program is a mentorship which will be formed between the student and the high school SRO. Throughout the school year, the SRO will communicate and work with the student to succeed. Through the introductions and friendships developed through the camps, the students will become more comfortable with the SRO and be more likely to come forward when help and guidance is needed.

## **P.L.E.D.G.E. Summer Leadership Camp**

### **Goals and Objectives**

**The primary goal of the P.L.E.D.G.E. Summer Leadership Camp is to teach leadership and self-confidence.**

This is accomplished through the use of police officers who are specifically trained to deal with young people. The five-day program encompasses many interactive lessons and presentations which work to build self-confidence and leadership skills which can be used throughout their lives. Throughout the program there are 6 fundamentals which are stressed:

Pride / Leadership / Education / Diversity / Gang Resistance / Evaluation

By understanding and adhering to these fundamentals the students should become successful in life. To help ensure this goal, the School Resource Officers (SROs) will continue to mentor these students throughout the school year as they attend high school.

**The secondary goal of the P.L.E.D.G.E. Summer Leadership Camp is to assist these students with their development of career and life goals.**

Many of the presentations made during the program are designed to get the student thinking about their future. They will be presented with a wide range of options from the Howard County Department of Police, the Howard County Department of Fire and Rescue, and the Howard County Community College. These presentations will dovetail with the fundamentals taught during classes and stress that by applying the fundamentals to their lives they can have a successful future.

\*\*\*\*\*

**MARK YOUR CALENDAR: *Orientation will be held on June 17, 2015 at 6 p.m. Location: Centennial High School, 4300 Centennial Lane, Ellicott City, MD 21042 (DINNER WILL BE PROVIDED).*** This will allow parents to ask questions and get a general overview of the camp. Students can meet other students participating in the camp.

**If your child has medicines (prescription or over-the-counter), please complete the medical form.**

**Camp will be held at Centennial High School from 8 a.m. until 4 p.m. Please ensure that the student is on time for drop off and pick up.**

**Lunch and snacks will be provided. Please note any food allergies, special food, or diet restrictions on the camp participant form.**

**On the first day of camp, t-shirts will be issued and will be worn throughout the week. Tennis shoes only. FOR SAFETY REASONS, NO OPEN TOE OR SANDALS ACCEPTED.**

**No electronic devices permitted. Cell phones permitted only during non-activity times.**

# P.L.E.D.G.E.

|  |
|--|
| OFFICE USE ONLY  |
| DATE RECEIVED _____  |
| I - S _____  |
| I - P _____  |
| ACCEPTED <input type="checkbox"/> Y <input type="checkbox"/> N |

## CAMP PARTICIPANT INFORMATION PLEASE PRINT CLEARLY

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_  
CURRENT MIDDLE SCHOOL: \_\_\_\_\_  
HIGH SCHOOL (IN FALL): \_\_\_\_\_

TELEPHONE NUMBERS FOR PARENT OR GUARDIAN:  
HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

FOOD ALLERGIES: \_\_\_\_\_  
SPECIAL FOOD/DIET RESTRICTIONS: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### Individual to be contacted in case of emergency:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

Neighbor or other person to be contacted in case of an emergency when above person cannot be reached:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

### HEALTH HISTORY:

Are your child's immunization shots up to date? (Please circle) **Yes** **No**  
Date of last tetanus shot: \_\_\_\_\_  
Allergies: (Please circle) **Yes** **No** If yes, what allergies? \_\_\_\_\_

In the event of an allergic reaction, what action (if any) will the Howard County Department of Police staff be expected to assist with? \_\_\_\_\_

Is your child taking any medication (prescription or over-the-counter)? (Please circle) **Yes** **No**  
If so, are you requesting that the Howard County Department of Police staff administer the medication?  
(Please circle) **Yes** **No** (If yes, please complete the Medication Form.)

Please explain any other specific problems or health concerns which may affect your child's participation in the activities offered in this camp (such as hiking, basketball, etc) and are there any other concerns or health issues that you would like the Howard County Department of Police staff to know? Are there any special instructions in case of an emergency?

---

---

---

PROGRAM NAME: **P.L.E.D.G.E. Summer Leadership Camp**

**CHECK CAMP DESIRED:**

- July 20-24, 2015 8:00 a.m. - 4:00 p.m.**    OR  
 **August 3-7, 2015 8:00 a.m. – 4:00 p.m.**

PARTICIPANT'S NAME: \_\_\_\_\_

**I understand:**

1. That there are inherent dangers in any recreational activity or program.
2. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries related to this activity.
3. I must read and understand all written material which has been provided by the Howard County Department of Police.
4. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
5. That the possible consequences of participating in these activities include the possibility of serious injury.

**I agree:**

1. To obey the rules and regulations for each activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning the activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.

I am aware that while participating in a recreation activity or program arranged by the Howard County Department of Police, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, the hazards or traveling the public highways, of accidents, of illness, and of those forces of nature.

I agree to indemnify and defend Howard County and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the County's costs of defense, in connection with loss of life, personal or bodily injury and/or damage to or loss of property that arises from the participation of \_\_\_\_\_ (Name of Participant) in the **P.L.E.D.G.E. SUMMER LEADERSHIP CAMP**, except to the extent that such loss, injury or damage is occasioned by the negligent act or omission of the County, its officers, agents or employees and no negligence on the part of the Participant.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# P.L.E.D.G.E.

## CONSENT FOR THE TREATMENT OF MINORS IN PARENT OR GUARDIAN ABSENCE

I, \_\_\_\_\_ parent or guardian of \_\_\_\_\_,

hereby authorize Howard County Department of Police to act in my behalf should my child require medical attention during the period from July 20-24 or August 3-7, 2015. I hereby authorize any medical treatment facility to render whatever examinations or treatment is required by my child mentioned above. I further agree that I will make every attempt to keep my child informed of my whereabouts so that I may be contacted by the medical treatment facility should emergency treatment be required. In the event that I cannot be contacted, the below-mentioned individual may act in my behalf:

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Address (if different from above):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# P.L.E.D.G.E.

## ACTIVITY WAIVER

The undersigned, being the parent or legal guardian of \_\_\_\_\_, do hereby grant my permission for my child to attend the following activity of the Howard County Department of Police, known as "P.L.E.D.G.E."

**ACTIVITY:**            **P.L.E.D.G.E. Summer Leadership Camp**

**LOCATION:**           **Centennial High School**  
4300 Centennial Lane, Ellicott City, MD 21042

**CHECK CAMP DESIRED:**

- July 20-24, 2015 8:00 a.m. - 4:00 p.m.**    **OR**  
 **August 3-7, 2015 8:00 a.m. - 4:00 p.m.**

I hereby release and discharge Howard County, Maryland, its police officers, employees and volunteers from responsibility for injuries sustained by my child while under supervision of program personnel.

I consent to have my child photographed during this activity and give permission for all photographs taken to be used by Howard County, Maryland for publicity purposes. This same permission applies to representatives of the media for any photographs and tape or film footage of my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Day Phone #

/ \_\_\_\_\_  
Evening Phone #

# P.L.E.D.G.E.

## MEDICATION FORM (Prescription or Over-the-Counter)

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

TELEPHONE NUMBERS FOR PARENT OR GUARDIAN:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

---

---

MEDICINE NAME: \_\_\_\_\_ DOSE/TIME: \_\_\_\_\_

MEDICINE NAME: \_\_\_\_\_ DOSE/TIME: \_\_\_\_\_

MEDICINE NAME: \_\_\_\_\_ DOSE/TIME: \_\_\_\_\_

MEDICINE NAME: \_\_\_\_\_ DOSE/TIME: \_\_\_\_\_

1. Every effort will be made to administer the above-named medication(s) to your child. However, children sometimes refuse to take their medicine. The staff at P.L.E.D.G.E. **CANNOT FORCE** your child to take their medication. Please make sure your child understands the importance of taking their medicine. If they do not take their medicine as prescribed, you will be notified to respond to the Camp and take your child home with you immediately.
2. Occasionally, children sustain insect bites, stings and exposure to poison ivy/poison oak type plants. If this should happen, the staff will administer a brand-name, over-the-counter medication (such as Calamine Lotion, Caladryl Cream for Kids and Rhuli-Gel Itch Relief gel). It is important that children be protected from sun exposure when participating in outdoor activities; camp staff will make an over-the-counter sunblock lotion available to all campers.
3. Is your child allergic to any medications? If so, please name them:  
\_\_\_\_\_
4. If you agree to all of the above, please sign below. Thank you.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date





## **Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement**

By signing this document you will waive certain legal rights, including the right to sue or claim compensation following an accident, injury or death. Please read carefully.

I acknowledge that directly or indirectly, I have requested to participate in activities provided by Terrapin Adventures (TA) (which includes Terrapin Adventures, LLC, Savage Mill LLLP, (collectively referred to as "THE RELEASEES").

**Description of Activities** In this agreement "Adventure Activities" include but are not limited to traversing on ziplines and ropes courses, walking on cable suspension bridges, climbing ladders, negotiating a ropes challenge course, hiking in woods, kayaking, mountain biking, fishing, tubing, rappelling, horseback riding, sailing, windsurfing, geo-caching, being transported in a commercial passenger van, climbing up on towers or platforms.

### **Acknowledgement – Safety**

I acknowledge that I am required to wear an approved helmet and other safety equipment while participating in certain Adventure Activities. I am aware that there are guides or instructors available to answer questions that I may have as to the proper use of the equipment. I am aware that the physical exertion required of Adventure Activities and the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, or congenital defects. I acknowledge that my mental and physical health are in a condition compatible with participating in the Adventure Activities and that I should seek medical advice if I know or suspect that my condition may be incompatible with Adventure Activities.

I acknowledge that I am not under the influence of alcohol, nor am I under the influence of any drugs, including prescription, illegal or over-the-counter medication, which could impair my ability to participate in the Adventure Activities. If I am taking medication, I affirm that I have seen a physician and have approval to participate in the Adventure Activities while under the influence of medication. I acknowledge that I am at least eight years of age.

### **Assumption of Risks**

I understand that these Adventure Activities and services have an inherent level of risk of injury, personal property damage, and possible death. I am aware that participating in these activities involves some hazards including hiking on rough and uneven terrain; changing weather conditions which may cause parts of the courses to become slippery; equipment failure; failure to properly adjust or fasten equipment; improper use of equipment; slips and falls; over-exertion; fear of heights; failure to remain within designated areas; impact or collision with trees/poles, other participants or guides; negligence of other participants or guides; and negligence on the part of THE RELEASEES, including the failure on the part of THE RELEASEES to take reasonable steps to safeguard or protect me from the risks, dangers and hazards of participating in Adventure Activities. I acknowledge that even if I follow all appropriate practices and procedures there is still a risk of injury or death. I freely accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage and loss resulting therefrom.

### **Release of Liability, Waiver of Claims and Indemnity Agreement**

In consideration of THE RELEASEES allowing me to participate in Adventure Activities and permitting my use of their property, ziplines, platforms, bridges, towers, trails, kayaks, bikes, roads, vehicles and other structures and equipment (herein referred to as "the facilities"), and for other goods and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. To waive any and all claims that I have or may have now or in the future against THE RELEASEES and to release THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, whether foreseen or unforeseen, as a result of my use of the facilities and my participation in the Adventure Activities, due to any cause whatsoever, including gross negligence, breach of contract, or breach of any statutory or other duty of care.
2. To hold harmless and indemnify THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participating in Adventure Activities.
3. The Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
4. The Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Maryland, without reference to principles of conflicts of law.
5. If any dispute or controversy arises among the parties to this Agreement concerning any provision of this Agreement, that dispute or controversy shall be submitted for binding arbitration pursuant to terms of the Federal Arbitration Act. The dispute or controversy shall be submitted for resolution to a board of arbitration in Columbia, Maryland, composed of one member. Such arbitration shall be conducted

pursuant to the rules of the American Arbitration Association (the "AAA"), Commercial Rules (expedited version) and a decision of the board of arbitration (including an award of costs) shall be final and binding upon the parties. Each of the parties consents to the jurisdiction of the courts of the State of Maryland for enforcement of any arbitration award as stated above. THE PARTIES HEREBY AGREE TO AND EACH HEREBY DO WAIVE A TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM BROUGHT BY EITHER OF THE PARTIES HERETO AGAINST THE OTHER ARISING OUT OF THIS AGREEMENT AND THE RELATIONSHIP BETWEEN THE PARTIES.

- 6. Each provision of this Agreement shall be considered separable and if for any reason any provision or provisions in this Agreement are determined to be invalid or contrary to any existing or future law, that invalidity shall not impair the operation of this Agreement or affect those portions of this Agreement which are valid.
- 7. Although Howard County, MD as the owner of Savage Park is not a party to this Agreement between myself and the RELEASEES, I hereby agree on behalf of myself, my heirs, executors and assigns to waive any and all claims, hold harmless and indemnify Howard County, MD its officer, agents, employees, volunteers and assigns, from and against any and all claims, actions or damages whatsoever arising from my participation in Adventure Activities unless due to the sole negligence of Howard County, MD with no negligence on the part of any other party.

I am not relying upon any oral or written representations or statements made by THE RELEASEES with respect to the safety of Adventure Activities other than what is set forth in this Agreement. I acknowledge that THE RELEASEES have not made any representations as to the safety of the Adventure Activities.

I confirm that I have read, been fully informed, and understand this Agreement prior to signing it, and I am aware that by signing this Agreement, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against THE RELEASEES.

For participants of a minority age, I hereby certify that I, as parent/guardian with legal responsibility for this participant of minority age, do consent and agree, to his/her release of all THE RELEASEES, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify THE RELEASEES from any and all liabilities incident to this participant of minority age's participation in these Adventure Activities.

**Weight Restriction**

Participation in some activities is restricted, due to safety reasons, to persons of a certain age, weight and height. Please indicate your

Weight \_\_\_\_\_ lb/kg (please indicate pounds or kilos)

Height \_\_\_\_\_ inches/cm (please indicate inches or centimeters)

Age \_\_\_\_\_ please indicate age in years

I permit the use of any photos taken during the days activities for use by THE RELEASEES for promotion purposes.

**THIS IS A RELEASE OF LIABILITY.  
DO NOT SIGN UNTIL YOU HAVE READ AND FULLY UNDERSTAND ITS CONTENTS**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Participant : \_\_\_\_\_

Print Full Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_  
(We do not sell our lists to any outside entities)

\_\_\_\_\_  
Signature of Parent/Guardian if Participant is under 18 years of age

Witness Signature: \_\_\_\_\_

Print Name of Witness: \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION FORM [for those under 18]**

I hereby grant permission for my child or as guardian take full responsibility for my Charge [herein "my child" to participate in whitewater rafting, kayaking, canoeing, tubing, with Antietam Creek Canoe and I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of rafting, kayaking, canoeing, tubing, equipment and my child's participation in rafting, kayaking, canoeing, tubing, activities; (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or disability or death or damage to personal property (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of, from, or during a raft, kayak, canoe, tube, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers. I have been advised that my child must wear an approved personal flotation device at all times while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before or during his/her scheduled activities. Any claims or dispute arising from my child's participation in ACC activities or use of ACC equipment shall be venued in the Washington County District Court for the State of Maryland.

My child is in good health. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in the activities. Information on my child's physical handicaps or medical problems which I feel ACC should know about will be given in writing in advance of the scheduled trip. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law. Furthermore, the above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN Antietam Creek Canoe/Greg Mallet-Prevost RAFTING, KAYAKING, CANOEING, TUBING, ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Group Name (if applicable) \_\_\_\_\_

Parents/Guardian Name[s] \_\_\_\_\_ Signature[s] \_\_\_\_\_ Date \_\_\_\_\_

Name of Child / \_\_\_\_\_