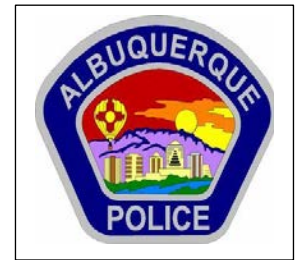




**Albuquerque Police Department
2019 CAMP FEARLESS REGISTRATION FORM**



****This camp is FREE of charge****
Accepting Youth AGES 9-13

Dear Parent/Guardian:

The Albuquerque Police Department (APD), in collaboration with Albuquerque Fire and Rescue, the New Mexico National Guard, the U.S. Attorney's Office, and the Drug Enforcement Administration will be hosting a summer leadership camp, Camp Fearless. Camp Fearless will be held on the following dates and locations:

- **June 18-21, 2019** – Singing Arrow Community Center, 13001 Singing Arrow Ave., S.W., 87123
- **June 25-28, 2019** – Boys and Girls Club of Central New Mexico, 3333 Truman St., N.E., 87110
- **July 9-12, 2019** – Alamosa Community Center, 6900 Gonzales Rd., S.W., 87121
- **July 16-19, 2019** – Michael King and Richard Smith APD Memorial Substation, 10401 Cibola Loop N.W., 87114
- **July 23-26, 2019** – Highland High School, 4700 Coal Ave., S.W. 87108

Camp Fearless is now accepting youth between the ages of 9-13. The goals of Camp Fearless will focus on building positive relationships and self-image, engaging with positive role models, leadership, physical fitness, and team building so participants are equipped with skills to develop successful and healthy lifestyles.

Each camp can accommodate up to 40 youth. Youth will be accepted on a first-come/first-serve basis, and based on the ability of the parent/guardian(s) to transport (drop-off and pick-up) your child from the designated camp location each day.

Camp Check-In Time: Between 7:45 a.m. and 8:00 a.m. (Your child is not allowed to be drop-off or to be left unsupervised for any reason).

Camp Sign-Out Time: 4:00 p.m. (Your child is not allowed to be left unsupervised for any reason).

On the final day of camp, a graduation/completion ceremony will be held. Family and friends are invited and welcome to attend. The graduation ceremony will be held at the location of the selected camp from 12 p.m. to 1 p.m. Your child will be dismissed at the end of the ceremony. Please plan for an early dismissal on that day at 1 p.m.

If you would like to enroll your child in APD's Camp Fearless, and you have the ability to arrange for transportation to and from the designated camp location, **please complete the entire registration packet and return to APD Lt. Roger Legendre at rlegendre@cabq.gov**. Please contact **Lt. Roger Legendre at (505) 507-7181** if you have questions about Camp Fearless or need additional assistance with completing the forms. ALL forms must be completed, signed and received by no later than **Monday, June 10, 2019**.

**2019 Camp Fearless
Youth Application & Information
(One Application Per Child)**

Child's Name: _____ Age: _____

Parent/Guardian(s) Name(s): _____

Home Address: _____

Home/Cell Phone(s): _____

Parent/Guardian(s) Home/Cell Phone(s): _____ / _____

Email(s): _____ / _____

Has child ever attended APD's Camp Fearless? Yes or No

Youth Shirt Size X-Small Small Medium Large X-Large

Camp Date/Location Selection

Please indicate below your **1st**, **2nd** and **3rd** APD's Camp Fearless Date/Location Preference (**Note: Efforts will be made to accommodate your child's 1st date/location choice; however, since applications are accepted on a first come/first serve basis, choices cannot be guaranteed**):

_____ **June 18-21, 2019** – Singing Arrow Community Center, 13001 Singing Arrow Ave., S.W., 87123

_____ **June 25-28, 2019** – Boys and Girls Club of Central New Mexico, 3333 Truman St., N.E., 87110

_____ **July 9-12, 2019** – Alamosa Community Center, 6900 Gonzales Rd., S.W., 87121

_____ **July 16-19, 2019** – Michael King and Richard Smith APD Memorial Substation, 10401 Cibola Loop N.W., 87114

_____ **July 23-26, 2019** – Highland High School, 4700 Coal Ave., S.W. 87108

Parent(s)/Guardian(s) Release of Liability

I, _____ Parent/Legal Guardian of (herein after "Participant") _____ DOB: _____, knowingly and freely assume all risks associated with Participant's participation in APD's Camp Fearless, including transportation provided by or on behalf of APD to program locations, and assume full responsibility for Participant's participation. I acknowledge that the Albuquerque Police Department, the City of Albuquerque, the New Mexico National Guard, the U.S. Attorney's Office, and the Drug Enforcement Administration, including their officers, agents, and employees and persons, firms, or corporations contracting with, or acting on behalf of the above-referenced are not responsible for any injuries sustained by any of the camp participants while they are participating in the APD Camp Fearless activities. As a condition, precedent to, and in consideration of Participant being permitted to engage in such activity, I, on behalf of Participant, hereby forever release, acquit, discharge, indemnify, defend and hold harmless the Albuquerque Police Department, City of Albuquerque, the New Mexico National Guard, the U.S. Attorney's Office, and the Drug Enforcement Administration, its employees, officials and agents, from any and all causes of action, including personal injury, illness, death, and property damage, costs, including attorney's fees, charges, claims, demands and liabilities of whatever kind,

name or nature in any manner arising out of or in connection with Participant's participation in the APD's Camp Fearless and any and all related activities.

By my signature below, I warrant that I am the parent or legal guardian of Participant and that I have read, understand, and I agree to the above statements.

PARENT(S) or GUARDIAN(S) NAME (PRINT): _____
SIGNATURE _____ **DATE** _____

Parent(s)/Guardian(s) Consent Form/Waiver of Liability

I, _____ Parent/Legal Guardian of (herein after "Participant") _____ DOB: _____, may participate in all activities associated with the APD's Camp Fearless. I understand that this will include participation in special events and under the supervision of event staff. By my signature below, I affirm that I am the parent or authorized legal guardian of the Participant and that I have read, understand, and agree to the above statements.

PARENT(S) or GUARDIAN(S) NAME (PRINT): _____
SIGNATURE _____ **DATE** _____

Camp Fearless Media/Press Release

I, _____ Parent/Legal Guardian of (herein after "Participant") _____ DOB: _____, in full consideration of my child/ward being permitted to participate, I, the undersigned, hereby authorize the taking and use of my child/ward's photo, image, likeness, or video/voice recording while participating in APD's Camp Fearless and the use of such photo, image, likeness, or video/voice recording in any and all, including but not limited to printing and, social media, and for all other purposes, including but not limited to publicity and/or promotional purposes.

Transportation Liability Release

I, _____ Parent/Legal Guardian of (herein after "Participant") _____ DOB: _____, hereby authorize the Participant to be transported in a government, government contracted, or privately contracted vehicle. I understand my child will be transported to various locations in and surrounding the City of Albuquerque. I, on behalf of Participant, release, discharge, indemnify, defend and hold harmless the Albuquerque Police Department, the City of Albuquerque, the New Mexico National Guard, the U.S. Attorney's Office, and the Drug Enforcement Administration, its agents, officials and employees, and persons, firms, or corporations contracting with, or acting on behalf of the APD, from any and all causes of action, including personal injury, illness, death, and property damage, costs, including attorney's fees, charges, claims, demands and liabilities of whatever kind, name or nature in any manner arising out of or in connection with transporting the Participant to APD's Camp Fearless locations and any and all related activities.

I warrant that I am the parent or authorized legal guardian of Participant, and that I have read, understand and agree to the above statements.

PARENT(S) or GUARDIAN(S) NAME (PRINT): _____
SIGNATURE _____ **DATE** _____

The Blue Thunder Release of Liability

The participant and his/her parent/legal guardian agree to hold **The Blue Thunder Foundation**, its coaches, trustees, and volunteers harmless from any claims, damages, losses, and/or expenses arising out of participating in wrestling practices and activities, and we agree to assume all liability for any and all personal injury, body injuries illness, or property damages that occur as a result of participation in such wrestling activities. Signature of this agreement also warrants that participation in wrestling is voluntary and that the participant and undersigned have read and understand the inherent risks involved in the wrestling club activities. The participant understands that these risks exist despite the wrestling program's safety precautions and procedures, and the participant agrees to obey all rules and policies mandated by the wrestling program coaches and trustees.

Health Insurance Verification and Medical Conditions, Limitations, or Restriction

The participant and his/her parent/legal guardian confirm that the participant is physically fit and able to participate in all wrestling activities and that there is and will be adequate health insurance coverage in force for the terms of the participant's attendance. The undersigned further verifies that the health insurance covers any and all accidents, injuries, or illnesses that may result and verifies that their health insurance covers any and all accidents, injuries, or illnesses that may result from participation in the wrestling program activities. In addition, the participant and his/her parent/legal guardian agree to give **The Blue Thunder Foundation** and its representatives permission to provide emergency medical response and /or treatment as needed for any injury or illness that may occur while the participant is involved in wrestling activities and agree to release the Blue Thunder Wrestling Program and its representatives from all liability arising out of such treatment.

We certify that the participant has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity. I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named participant. In the event it becomes necessary for staff to obtain emergency medical care for the student, we understand that neither the staff member nor the **Blue Thunder Foundation** assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

_____ Date _____
Parent Signature

_____ Participant Signature

New Mexico National Guard Release and Hold Harmless Agreement

I hereby authorize my minor/family member, _____,
(Print Participant's Name)

To participate in APD's Camp Fearless Summer Youth Camp, sponsored by the New Mexico National Guard Counterdrug Support Program, to be held on _____, 2019, at the Rio Rancho Readiness Center, 4001 Northwest Loop NE, Rio Rancho, NM 87144. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officers, servants and employees shall not be liable for illness or injuries sustained by my child while participating in the activity. I understand that participation in the training event may involve strenuous physical activity, and exertion, which could result in illness or injury to a Participant. Nevertheless, I accept and assume responsibility and liability for my minor/family member for such risks, if any.

I hereby release New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officers, servants and employees from any and all claims or demands for damages, losses or expenses relating to all harm or personal injuries, including death, that my minor/family member may sustain and which in any way arises out of or is related to my minor/family member's participation in the training event. I shall indemnify and save harmless New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officers, servants and employees from and against any and all claims, demands, liabilities, damages, expenses, attorney's fees, causes of action, suits or judgements by or on behalf of my minor/family member, my minor/family member's estate or any person or persons, arising from or relating to any harm or personal injuries, including death, that my minor/family member may sustain as a result of my minor/family member's participation in the training event.

I hereby authorize the New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officers, servants and employees to secure such emergency medical advice and services as may be necessary for my minor/family member's health and safety and I agree to accept financial liability for such medical advice and services, to the extent it may become necessary or needed.

Medication Taking: No: _____ Yes: _____ (Please list on reverse side)
Medical Condition: No: _____ Yes: _____ (Please list on reverse side)
Allergies: No: _____ Yes: _____ (Please list on reverse side)

Parent/Guardian Emergency Contact Name: _____
Emergency Phone Number(s): _____

(Printed name of Parent/Guardian)
Date: _____

(Parent/Guardian Signature)

Participant (Camper)

I, _____, wish to participate in APD's Camp Fearless Summer Youth Camp, sponsored by the New Mexico National Guard Counterdrug Support Program, to be held on _____ at the Rio Rancho Readiness Center, 4001 Northwest Loop NE, Rio Rancho, NM 87144. I accept responsibility for my own actions during the program, and understand that the New Mexico National Guard Counterdrug Support Task Force, the Department of Military Affairs, State of New Mexico, its agents, officers, servants and employees reserve the right to exclude me from any activity for reasons of safety.

Printed name of Participant (Camper)
Date: _____

Signature of Participant (Camper)

Emergency Contact and Medical Authorization

I, _____ Parent/Legal Guardian of (herein after "Participant") _____ DOB: _____, do hereby give my consent to the APD, to secure and authorize such emergency medical treatment as the Participant may require while under the supervision of said care provider. I also agree to pay all the costs and fees associated with any emergency medical care or treatment for Participant as secured or authorized under this consent.

NOTE: Every effort will be made to promptly notify the parent/guardian, etc., in case of an emergency. In the event of an emergency, we will be required to have the following information:

Emergency Parent/Guardian Contact Information:

Emergency Contact #1(PRINT NAME): _____

Phone Number: _____

Emergency Contact #2 (PRINT NAME): _____

Phone Number: _____

Alternate Emergency Parent/Guardian Authorization:

If the above-listed parent(s) or guardian(s) cannot be reached, please list an alternate relative(s) or person(s) to contact in case of an emergency:

Name (PRINT NAME): _____

Phone Number: _____

Relationship: _____

Physician/Medical Provider Information:

Name: _____

Address: _____

Telephone: _____

Medical Insurance:

Insurance Company: _____

Telephone: _____

Employer Group Name: _____

Subscriber/Group No.: _____

****Parents/Guardians**** It is your responsibility to let us know about any and all of your child's health issues that may affect their ability to interact with other participants and camp staff in a normal fashion. This includes informing APD in writing below of any food allergies, and whether parent(s) will make alternate arrangements for lunch in lieu of the provided lunch.

Please provide a detailed description below:

1. Health Issues (asthma, ADHD, ADD, medication allergens, food allergens, speech impediment, etc.): Use back for more detail if needed.

2. All medications being taken: (asthma, ADHD, ADD, allergens, over the counter, food allergens, etc.) and amounts and times:

I, _____ Parent/Legal Guardian of (herein after "Participant") _____ DOB: _____, hereby warrant that the above information is true and correct, that I have read and understand the above statements, and that am the parent or authorized legal guardian of Participant and have legal authority to execute the Emergency Contact and Medical Authorization Forms on behalf of Participant.

PARENT(S) or GUARDIAN(S) NAME (PRINT): _____
SIGNATURE _____ **DATE** _____

2019 Camp Fearless Pick-Up Authorization

In the event you are unable to pick up your child from Camp Fearless, please list below all those whom you have authorized to pick up your child. The below listed must show a **valid government-issued ID before they will be released from camp each day (no exceptions).**

Name (Print): _____
Phone Number: _____

Name (Print): _____
Phone Number: _____

Name (Print): _____
Phone Number: _____

Name (Print): _____
Phone Number: _____

Event Arrival Time:

It is your responsibility to make sure your child is signed in on time and by **no later than 8:00 a.m.** each morning. Check-in time is between 7:45 a.m. to 8:00 a.m. Staff is not allowed to supervise children before 7:45 a.m. Your child will be dismissed from camp for excessive tardiness or being dropped-off and left unsupervised for any reason.

Event Dismissal Time:

It is your responsibility to make sure your child is signed out on time and by **no later than 4:00 p.m.** each afternoon. If you are experiencing a delay, you must contact the camp's director, APD Lt. Roger Legendre at (505) 507-7181 with your estimated time of arrival. Your child will be dismissed from camp if not picked up on time – your child cannot be left unsupervised for any reason.

On the final day of camp, there will be an early dismissal at 1 p.m., following the graduation/completion ceremony. Please plan accordingly.

**2019 Camp Fearless
Disciplinary Agreement Form**

APD's Camp Fearless supports an atmosphere where Participants are provided a safe and friendly environment. To ensure that each Participant has the opportunity to receive a positive and fun experience, there are rules that ALL Participants must adhere to at all times.

These rules include:

Bullying (in any form) at this event will not be tolerated, and is grounds for IMMEDIATE dismissal from the event. Parents, you are responsible for reading and discussing this policy with your child prior to the first day of camp. *As defined by the Albuquerque Public School System*, bullying means "A way of using power aggressively in which a person is subjected to intentional, unwanted and un-provoked hurtful verbal and/or physical actions. Bullying results in the victim feeling oppressed, fearful, distressed, injured, or uncomfortable. The aggression is repeated on more than one occasion and can include: physical, verbal, emotional, racial, sexual, written, electronic, damage to property, social exclusion, and intimidation. Bullying may be motivated by actual or perceived characteristics such as race, color, religion, ancestry, national origin, gender, sexual orientation or identity, mental, physical or academic disability. Bullying often takes place in a social context. Cyberbullying is a form of bullying."

Bullying includes, but is not limited to:

Hitting, kicking, shoving, spitting, hair pulling, or throwing something. Getting another person to hit or harm a student. Teasing, name-calling, making critical remarks, or threatening, in person or by other means. Demeaning verbal attacks and making the student the victim of jokes. Making rude and/or threatening gestures. Excluding or rejecting a student. Intimidating (bullying), extorting, or exploiting. Spreading harmful rumors or gossip.

Cell Phones, Other Electronics Cell Phone Usage

Usage of the cell phone is for emergency purposes only (Staff will determine emergency) or for contacting a parent or guardian regarding pick-up time. Students caught using the cell phones for non-emergency purposes (including texting) will have the phone confiscated the first time. The phone will be returned to the parent with a warning that if there is a second incident, the child will be dismissed from the event.

Other Electronics - DO NOT BRING

Participants may not bring Mp3s, laptops, notebooks, or any other electronic gadgets, etc. to the event. Any student caught the first time with any of the above gadgets will have the item taken away and returned at the end of the day. If a second infraction occurs, the Participant will be dismissed from the event.

I hereby certify that I have read and discussed the disciplinary rules agreement with Participant and that Participant understands the disciplinary rules. (If you do not sign and date this agreement, your child will not be allowed to attend the event).

Parent/Authorized Guardian Signature

Date

Signature of Participant (Camper)

Date

2019 Camp Fearless Tentative Agenda

*This is a tentative agenda and events are subject to re-arrangement dependent upon which camp is chosen. A detailed schedule for each camp will be provided upon being selected to participate.

| | Tuesday | Wednesday | Thursday | Friday |
|---------------|--|---|--------------------------------------|----------------------------------|
| 07:45 - 08:00 | Sign in | Sign in | Sign in | Sign in |
| 08:00-08:30 | Camp Rules | Warm up | Warm up | Warm up |
| | Warm up | Drill and Ceremony | Drill and Ceremony | Drill and Ceremony |
| | Drill and Ceremony | | | |
| 08:30-11:30 | National Guard Armory | Albuquerque Fire Rescue Academy | Albuquerque Police Academy | Relay Games |
| | Team building ropes course | Combat Challenge Course. CPR, Fire Extinguisher intro | APD Obstacle Course / Crime Lab tour | |
| 12:00-1:00 pm | Lunch (City Lunch Program) Tiguex Park | Lunch (BBQ) Blue Thunder Wrestling Foundation | Lunch (City Lunch Program) | Pizza Party 10:30 – 11:00 |
| 1:00-3:15 pm | Natural History Museum | Intro to sports and talk with athletes | Tingley Beach | Graduation Prep 11:00 – 12:00 |
| | DEA Exhibit | | Fishing | |
| | | | | Graduation 12:00 – 1:00 |
| 4:00 pm | Sign out | Sign out | Sign out | Sign out at 1:00 pm |

*Down time will include activities coordinated by staff members that will include games such as kickball, dodgeball and other physical type activities.

*As time permits, officers will present gun safety as well as the dangers associated with gangs and drugs and discuss suicide/depression awareness.

*Parents/guardians of children with food allergies who wish to opt-out of the provided lunch must inform APD on the Medical Authorization form and make alternate lunch arrangements for their children.