



# UNITED PEACE OFFICERS AGAINST CRIME (UPAC) 2024 Summer Camp Application

June 23-27th @ Camp Arbalado



## 1. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age (at the time of Camp): \_\_\_\_\_  
Gender (circle one): MALE / FEMALE Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
T-Shirt Size (circle one) **Adult size only:** SM MED LG XL XXL XXXL  
**Departure Location** (circle one): *LA Southwest College* / *Walnut Sheriff Station*  
Name of Parent/Guardian/Primary Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

\*What is the race/ethnicity of the camper? (circle one) **Hispanic Group** (Mexican/Latino/Cuban/Puerto Rican) /  
**Asian Group** (Chinese/Japanese/Vietnamese/Korean/Cambodian/Filipino) /  
**Pacific Islander Group** (Hawaiian/Samoan/Guamanian)  
**Other** (Black / White / Eskimo / American-Native Indian) \_\_\_\_\_ / **Prefer not to say**

\*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.

## 2. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Second Contact's Name (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

## 3. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs) Does your camper have any medical conditions, allergies, or special needs the staff should know about?

\_\_\_\_\_  
\_\_\_\_\_

### Does your camper have any behavioral or emotional issues the staff should know about?

\_\_\_\_\_  
\_\_\_\_\_

### Is your camper taking any medications to treat any of the above-mentioned medical and/or behavioral conditions?

\_\_\_\_\_  
\_\_\_\_\_

**4. Release of Liability** (a legal parent/ guardians must sign the release of liability in order to be eligible to attend camp, please read thoroughly, sign, date and return this document.)

I hereby acknowledge that I have voluntarily permitted the below named participant (camper/staff), to engage in the activities and related components of **Camp UPAC**. These activities include: Swimming, Horseback riding, Zip Lining, High Ropes, Bicycling, Hiking, Participation in Sports activities & Camp Fire, Gaga Ball, Arts and Crafts Program and all other activities designated on the camp activities schedule or not included on the camp activities schedule but which may occur on the camp site during the dates of **Camp** [redacted] [redacted]

I understand that these activities involve numerous inheritances to risks of injury that are an integral part of such activities. I understand that participation in named activities may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including breaks, growth, debris, rocks and other hazardous surface or subsurface conditions and obstacles, whether they are obvious or not obvious, manufactured or natural. I assume full responsibility for all such risks, including loss of control, collisions, and obstacles, whether they are obvious or not obvious.

As consideration for being permitted by **Camp U.P.A.C.** to engage in these activities; I do hereby release and waive not to sue **Peace Officers Against Crime (U.P.A.C.)**, vendors, staff members and volunteers, their directors and officers; I hereby release them from all liability for any injury or death caused as a result of participation in **Camp U.P.A.C.** activities. I hereby state that the undersigned and the camper listed below are free of medical or physical conditions that might create undue risk to them. I am aware that the activities involved with **Camp U.P.A.C.** involve a potential for injury to oneself. I assume full responsibility for any loss, injury and/or inconvenience resulting from participant's participation in the activities designated on the camp activities schedule or not included on the camp activities schedule.

\_\_\_\_\_  
Name of camper in which this legal wavier applies:

\_\_\_\_\_  
Age:

\_\_\_\_\_  
Name of Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**5. RELEASE FOR USE OF PHOTOGRAPH/VIDEOTAPE**

I hereby give my permission to **United Peace Officers Against Crime (U.P.A.C.)**, it's agents, affiliates, representatives, and/or assigns to use any photos or videotape material taken of Participant during [his or her] participation at **CAMP U.P.A.C.**, and waive any rights of compensation or ownership thereto. The photos and videotape material will be used for, but is not limited to, the purposes of marketing, teaching, research and fundraising, and for the presentation of it.

\_\_\_\_\_  
Name of camper in which this legal wavier applies:

\_\_\_\_\_  
Age:

\_\_\_\_\_  
Name of Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**



APPLICATION		Camp Fee - \$500.00
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Paid via <b>other:</b> _____	
<input type="checkbox"/> Photo of Camper	<input type="checkbox"/> Included with this sheet	
<input type="checkbox"/> Medical Wavier	<input type="checkbox"/> Mailed separately on ___/___/___	
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> DCFS Billed Case # _____	