



LOWER TOWNSHIP POLICE DEPARTMENT YOUTH SUMMER CAMP 2024

APPLICATION DUE BY FRIDAY, MAY 31, 2024

Camper Information – PLEASE FILL OUT COMPLETELY

T-shirt size: (circle one) **ADULT SIZES:** SMALL MEDIUM LARGE X-LARGE

First Name: _____ Last Name: _____

Address: _____

Age on start of camp: _____ Date of Birth: _____ Grade entering in 9/2024: _____

Camper's Preferred Pronouns: (circle one) **HE/HIM SHE/HER THEY/THEM OTHER:** _____

Is Camper a Lower Township Resident: (circle one) **YES NO**

Has Camper previously attended LTPD Youth Camp: (circle one) **YES NO**

(1) Parent/Guardian name: _____ (1) Parent/Guardian phone: _____

(2) Parent/Guardian name: _____ (2) Parent/Guardian phone: _____

Camper's Cell Phone: _____

Parent / Guardian Email Address: _____

In Case of Emergency – OTHER THAN PARENTS / GUARDIANS

(1) Name: _____ Relationship: _____

Address: _____ Phone number: _____

Can this person pick up child daily: (circle one) **YES NO**

(2) Name: _____ Relationship: _____

Address: _____ Phone number: _____

Can this person pick up child daily: (circle one) **YES NO**

Parent / Guardian Authorization

I understand that if my child is accepted to camp, my child must be represented by a parent/guardian at a mandatory pre-camp meeting, where I will sign a Waiver of Liability Form and receive important information.

I hereby certify that the information provided on this form is correct and complete. I understand that falsification of any information on this form may result in dismissal of my child from this program. I further agree that my child will attend each day of the police camp.

Printed Parent / Guardian Name: _____

Signature: _____ Date: _____