



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

Summer Leadership Camps

Registration Packet

FIRST CAMP

JULY 20 – JULY 24, 2020

SECOND CAMP

AUGUST 3 – AUGUST 7, 2020

OPEN ENROLLMENT
MARCH 16 THRU MAY 18, 2020

If interested, please complete the packet and fax it to 410-313-2611

or email application to

swillingham@howardcountymd.gov

or mail packet to:

Howard County Police/PLEDGE

ATTN: Officer Steve Willingham

10741 Little Patuxent Parkway

Columbia, MD 21045

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 Howard County students that will be starting the 9th grade in September of 2020.**

The fundamentals:

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

Leadership – By developing leadership 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 achieving their goals.

Diversity – Help youth to recognize that there is strength in our differences and learn to accept and work with others.

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

Evaluation – Explain the process of self evaluation so the student can reflect on their decisions to see if they are moving towards their goals.

The program uses the talents of the SROs and other components of the Howard County Police Department to teach these fundamental lessons. Instructors from outside the police department are used to present 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)

Sandy Spring Adventure Park (the students will face physical and mental challenges that will build their confidence and hone leadership skills)

Tubing and Canoeing on the Antietam Creek (the students will face mental and physical challenges which will promote teamwork and communication skills)

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 mentorship. After completing the camp the SRO will communicate and work with the student through the school year to help them be academically and socially successful. The camp setting is designed to introduce the students to officers to create a bond and a level of comfort with the SRO. This will make it easier and more likely that the student will come forward for help and guidance during the school year.

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. There are six fundamentals that are emphasized in each activity:

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

By understanding and adhering to these fundamentals the students have a better opportunity to be successful in life. To help ensure this goal, the School Resource Officers (SROs) will continue to mentor these students throughout their four years of high school.

The secondary goal of the P.L.E.D.G.E. Summer Leadership Camp is to assist these students with career development 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 and the Howard County Department of Fire and Rescue. These presentations tie into the six fundamentals that are the focus of the program. The students learn that the application of these fundamentals to their lives opens up opportunities and options for a successful future.

If your child takes any daily medication (prescription or over-the-counter), please complete the medical form. Lunch and snacks will be provided daily. Please note any food allergies, special food, or dietary restrictions on the camp participant form.

The camp will start and end each day at Mt. Hebron High School located at 9440 Old Frederick Road. The camp hours are from 8 am until 4 pm. In order to accommodate our tubing trip on the Thursday of each week the time will be from 8 am until 5 pm. Please ensure that your student is on time for drop off and pick up throughout the week.

On the first day of camp, P.L.E.D.G.E. t-shirts will be issued and will be worn throughout the week. FOR SAFETY REASONS, NO OPEN TOE SHOES OR SANDALS WILL BE ALLOWED. Tennis shoes are the preferred footwear for the camp

The use of cell phones is only permitted during non-activity times. Cell phone use is prohibited during class presentations.

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: _____

CHECK CAMP DESIRED:

July 20 – July 24, 2020 8:00 a.m. - 4:00 p.m. OR

August 3 – August 7, 2020 8:00 a.m. – 4:00 p.m.

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: _____

Alternate adult to be contacted in case of an emergency when above person cannot be reached:

NAME: _____ PHONE: _____
CELL PHONE: _____

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

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 recreational 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 hold Howard County harmless and release it 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.

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: Mt. Hebron High School
9440 Old Frederick Rd, Ellicott City MD 21042

CHECK CAMP DESIRED:

- July 20 – July 24, 2020 8:00 a.m. - 4:00 p.m.
OR
 August 3 – August 7, 2020 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.

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

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, 2020 or August 3-7, 2020. 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 on my behalf:

Emergency contact: _____

Relationship to child: _____

Phone number: _____

Address: _____

Signature of Parent or Guardian: _____

Date: _____

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 actions, (if any) will the Howard County Department of Police staff 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, canoeing, 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?

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, etc.). 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