



SPRINGFIELD POLICE DIVISION'S LAW CAMP

SPRINGFIELD POLICE DIVISION

C/O Officer Brian Fent

130 N. Fountain Ave.

Springfield, Ohio 45502

(937) 324-7737

Instructions:

1. Print clearly and complete all information.

SPRINGFIELD POLICE DIVISION'S LAW CAMP 2010 APPLICATION

NAME: _____

PLEASE PRINT EXACTLY AS YOU WANT CERTIFICATE PRINTED

ADDRESS: _____

STREET CITY STATE ZIP

CONTACT NUMBER: _____

BIRTH DATE ___/___/___ AGE: ___ Male _____ Female _____

SHIRT SIZE: SMALL MED LG X-LG 2X-LG (ALL SHIRTS ARE ADULT SIZES)

SCHOOL: _____ GRADE: _____

LIST ANY MEDICAL CONDITIONS CHILD HAS: _____

LIST ANY UNUSUAL CONDITIONS OR DIETARY NEEDS: _____

IN CASE OF SERIOUS INJURY, I CAN BE REACHED AT:

DAY PHONE _____ NIGHT PHONE _____

IF I CANNOT BE REACHED, CONTACT: _____

RELATIONSHIP: _____ PHONE _____

IF I CANNOT BE REACHED, I HEREBY GIVE MY PERMISSION FOR EMERGENCY MEDICAL TREATMENT OR SURGERY AS RECOMMENDED BY THE ATTENDING PHYSICIAN. AS PARENT/GUARDIAN, I WILL ASSUME ALL RESPONSIBILITY FOR MEDICAL COSTS INCURRED BY THE APPLICANT

SIGNED : _____ (PARENT OR GUARDIAN)

PRINTED NAME : _____ (PARENT OR GUARDIAN)

Signed: _____