

ISP Printable Camp Registration Form, ITYS

Select Camp Attending:

Career Camp (\$250): ☐ Trine University, Angola, IN

☐ Vincennes University, Vincennes, IN

Law Camp (\$150): ☐ Anderson University, Anderson, IN

☐ Vincennes University, Vincennes, IN

Junior Pioneer Camp-Outs: RECOMMENDATION ONLY!! Recommended by: _____

☐ Lincoln State Park

☐ Potato Creek State Park

☐ Mounds State Park

We respect your privacy and will never share or sell your email address and information. The email address is for correspondence for the current registration only.

Email Address: _____

Camper Name: _____

Camper Date of Birth: [Click here to enter a date.](#)

Gender: ☐ Male ☐ Female

Street Address

City

State

Zip

County

Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Parent / Guardian First and Last Name: _____

Parent / Guardian Phone Number: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Roommate Request (1 request only): _____

Medical Information

Camper medical information. Medical information will only be viewed by medical staff and the staff caring for your child. ITYS will keep this information confidential.

Insurance Carrier: _____

Insurance Policy #: _____

Allergies and Medical Conditions

Please list all medical conditions, allergies, medication and treatment that the staff should be aware of for the proper care of the camper. This includes the use / need of an asthma inhaler, epipen, etc...

Additional Information of Camper

Please share any information about your child's emotional or mental health that will aid us in their care while at camp. If there are any issues at home or additional stresses your child is enduring, please contact camp staff.

Liability / Waiver

This information is required to be reviewed and by placing your initials and signed/electronic/typed signature and date below, you are acknowledging and consenting to these terms.

I/We give my permission for the camp nurse/designee for medical care, to give my child/ward his/her medication as listed and instructed, pursuant to Indiana Code 16-36-1.

☐ I Agree ☐ I Disagree Initials: _____

I/We, as Parent(s)/Guardian(s) give my permission for my child to participate in ANY field trip or special event, conducted by the State Police, an agency of the State of Indiana, that might require such child to be taken off the Indiana State Police Camp University or Camp premises.

☐ I Agree ☐ I Disagree Initials: _____

If your camper has a serious injury or illness and we are unable to reach you, we need your permission for EMERGENCY treatment as recommended by the attending physician. I/We give my permission for Emergency treatment if needed and as a Parent/Guardian and I, Parent/Guardian assume all responsibility for any cost as a result of sickness or injury.

☐ I Agree ☐ I Disagree Initials: _____

If your camper has a serious injury or illness and we are unable to reach you, we need your permission for Surgery treatment as recommended by the attending physician. I/We give my permission for Surgery treatment if needed and as a Parent/Guardian and I, Parent/Guardian assume all responsibility for any cost as a result of sickness or injury.

☐ I Agree ☐ I Disagree Initials: _____

I/We, as Parent(s)/Guardian, give my permission for the use of my child's photographs in camp promotional publications.

☐ I Agree ☐ I Disagree Initials: _____

I/We, as Parent(s)/Guardian(s) do hereby release the State of Indiana, the Indiana State Police, and the Indiana Troopers Youth Services, Inc., its agents and employees from all actions, damages, claims or demands which I/We, my heirs, executors, administrators, or assigns may have against the above named agencies for all personal injuries known or unknown and injuries to property real or personal, caused by, or arising out of the above described activities or participation. I/We, the Parent/Guardian, the undersigned, have read this release and understand all its terms, we execute voluntarily and with full knowledge of its significance, pursuant to Indiana Code 16-36-1.

☐ I Agree ☐ I Disagree Initials: _____

Signature

[Click here to enter a date.](#)
Date

Payment Submitted by:

☐ Mailed check to: **8660 East 21st St., Indianapolis, IN 46219**

☐ Sponsor mailed check to: **8660 East 21st St., Indianapolis, IN 46219**

Check # mailed / Sponsored by: _____

Print, Sign and Mail this form to: ISP - ITYS; 8660 East 21st St., Indianapolis, IN 46219