

**Cincinnati Police Department  
C.I.T.I. Camp Program**

**Current Registration Information**

**Medical Examination:** You must have medical clearance before the first day of C.I.T.I. Camp. We will not accept your child without a signature and stamp from your doctor, physician's assistant, or school nurse

**Youth Services Unit** is located at 1201 Stock Avenue Cincinnati Ohio 45225, Phone number 513-681-0052.

**All students must be on time on camp day. Adult/Parents will attend eight Parent To Parent sessions which will last 1 ½ hours per week. If parent/guardian or representative fails to complete the adult class, the student may not receive his/her certificate of completion**

**Requirements:** Ages 11-14 years old. Students will be required to participate in all classroom and field activities in order to complete the class and receive a certificate of completion.

**Special Note:** If the student is ill or injured and is unable to attend the class, a meeting must be scheduled with the officer in charge to discuss the possibility of the student being allowed to continue the program.

**C.I.T.I. Camp Enrollment Form  
Cincinnati Police Department  
Youth Services Unit  
1201 Stock Avenue  
Cincinnati, Ohio 45225**

Name \_\_\_\_\_ SEX:  M  F Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Referring Agency \_\_\_\_\_

On Probation?  Yes  No

Why? \_\_\_\_\_

Court Return Date \_\_\_\_\_ Case# \_\_\_\_\_

Violation \_\_\_\_\_

School Attending \_\_\_\_\_

**C.I.T.I. Camp  
PARTICIPATION AGREEMENT**

*Parents/Guardians*

I, the undersigned parent/guardian of \_\_\_\_\_ (Minor child), agree to participation in all sessions of the parenting classes. I further agree that if I fail to complete all sessions, my child stands the chance to fail the C.I.T.I. Camp Program, not graduating, and if this is an extension of a court ordered participation, he or she will not receive any credit for any hours completed. I understand that my child may be terminated from the program at any time if he or she does not participate fully within the program and obey its rules.

I also acknowledge that I as the parent/guardian am responsible to provide transportation to and from the program site. Further, I understand that the Cincinnati Police Department assumes no responsibility for my child's completion of the C.I.T.I. Camp Program.

*Child*

I, \_\_\_\_\_ agree to participate in all sessions of the Cincinnati Police Department C.I.T.I. Camp Program. I further agree that if I fail to complete all sessions, I stand the chance of failing the C.I.T.I. Camp Program, not graduating, and if there is an extension of court ordered participation, I will not receive credit for hours completed.

I understand that I may be terminated from the program at any time if I do not participate fully within the program and obey its rules.

I hereby state that I have read and accept the terms for mentioned information provided on this form. I understand and have been advised of the potential danger incidental to my child's participation in the C.I.T.I. Camp Program and it is my intention by signing this document to exempt and relieve the City of Cincinnati Police Department, its officers and agents from liability from personal injury, property damage or wrongful death caused by my child participating in this program.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# **C.I.T.I Camp Rules**

## **Letter of Understanding**

I \_\_\_\_\_, understand that I am required to abide by the following rules while in C.I.T.I. Camp. If I violate any of the listed rules, I will be subject to disciplinary measures.

I will arrive on time to C.I.T.I. Camp

I will report directly to my assigned classroom and remain there until otherwise instructed by a C.I.T.I. Camp Advisor

I will behave appropriately while in the C.I.T.I. Camp program

I will be respectful to everyone involved in C.I.T.I. Camp

I will express appropriate language and use positive forms of communication

I will respect the property of others at all times

I will seek help in resolving problems with other students and adults

I will honor the dress code

I will not use a cell phone or other electronic device

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# As I Rise Above: “Creating Magical Moments”

## C.I.T.I. CAMP

(Children in Trauma Intervention Camp)



### C.I.T.I. CAMP MISSION

C.I.T.I. Camp is designed to encourage, inspire, motivate and challenge youth to excel on all levels of social and personal growth. We will develop participants' self-confidence as well as teach respect for themselves and others. We will enable them to learn how to resolve conflict. We desire for all participants to be academic achievers, model students and effective leaders in their school and communities

## C.I.T.I. Camp overnight application

### Dates:

The C.I.T.I. Camp program has a two night outing you must be able to attend..

**Name** \_\_\_\_\_

**Home/Cell Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

1. Why do you need to be in C.I.T.I. Camp the program?
2. Describe a time that you dealt with a challenging situation and how you handled it.
3. How will you try to practice our mission, and grow toward success in life?
4. What do you hope to gain from the C.I.T.I. Camp experience?

### **Emergency Contacts**

Name      Years Known /Relationship      Phone Number

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Signature**

**Please send your completed applications to:  
1201 Stock Ave. Cincinnati Ohio 45225**

## PHOTO/VIDEO AUTHORIZATION AND RELEASE

As the parent/legal guardian of the minor named below, I understand that photos and/or audio/video recordings may be taken of my child/ward during his/her participation in the following event or program with the Cincinnati Police Department:

Event/Program: C.I.T.I. CAMP

Event/Program Location(s): \_\_\_\_\_

Event/Program Date(s): \_\_\_\_\_ Event/Program Time(s): \_\_\_\_\_

I consent to my child/ward being photographed and/or video recorded during his or her participation in the event described above and to the use or publication of those images in print, electronic or video format, including but not limited to release to the media. In consideration of my child's acceptance by the Cincinnati Police Department for participation in the above-referenced event or program, I hereby release to the City of Cincinnati any and all rights and interest my child/ward and/or I may have in those photographs and audio/video recordings, including but not limited to royalties, proceeds or other benefits.

Child's Name: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**AUTHORIZATION TO RELEASE STUDENT RECORDS  
TO  
CINCINNATI POLICE DEPARTMENT**

I, \_\_\_\_\_, hereby certify under penalty of perjury that I am the parent or legal guardian of the following student:

Full Legal Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_

I hereby authorize and direct the following school:

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

To release my student's attendance records, grades, transcripts, and disciplinary records to the Cincinnati Police Department (CPD). This authorization shall be effective for one year, commencing on the date of my signature below. Records should be sent to the following person at the following CPD location:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

If my student transfers to or otherwise enrolls in a school other than the school named above, I immediately will notify the person with the CPD identified above, and I will sign a form authorizing and directing that school to release my student's records.

Parent/Legal Guardian Signature: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**CINCINNATI POLICE DEPARTMENT  
AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

**Minor**

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

**Information for Medical Treatment**

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone # (if known): (\_\_\_\_) \_\_\_\_\_

Medical Insurer/Health Plan Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Allergies (Other): \_\_\_\_\_

Please note all conditions for which the child is currently receiving treatment:

\_\_\_\_\_

List all medications minor is currently taking:

\_\_\_\_\_

Note any other significant medical information:

\_\_\_\_\_

I hereby certify that I am the parent/legal guardian of the minor child identified above. I grant my authorization and consent for the City of Cincinnati, the Cincinnati Police Department (CPD), its officers and/or other adult employees of the City of Cincinnati (the City) to administer general first aid treatment for any minor injuries or illnesses experienced by my child/ward during his or her participation in any CPD event or program in which my child/ward participates.

In the event of an injury or illness requiring emergency medical treatment, I authorize the City to summon any and all professional emergency personnel to attend, transport, and treat my child/ward and to consent to any x-ray, examination, anesthetic, blood transfusion, medication, medical or surgical diagnostic or treatment and/or hospital care or service to be rendered to the said minor under the general or specific instruction or supervision of any physician, surgeon, dentist, nurse practitioner, hospital or other medical professional or institution duly licensed to practice in the State of Ohio or other state in which treatment is to occur.

**\*\*WAIVER AND RELEASE FROM LIABILITY\*\***

I hereby consent to the aforementioned medical treatment or care being given without any financial obligation being incurred by the City, and I agree to assume financial responsibility for all expenses of such treatment or care. **On behalf of myself, my child/ward, our heirs, assigns and representatives, and in consideration of the acceptance of my child/ward for participation in any CPD event or program, I hereby release and forever waive, discharge and otherwise hold the City harmless from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arises or hereafter may arise as a result of any first aid, treatment or service rendered or not rendered by the City or with the decision by any representative of the City to exercise the power to consent to medical or dental treatment as granted or authorized herein on behalf of my child/ward, during his or her participation in any CPD event or program. I understand that this Waiver and Release from Liability discharges the City from any liability or claim that I or my child/ward may have against the City, including but not limited to physical or psychological injury, illness, death, economic loss or emotional loss, property damage, costs, and attorney fees, which may arise from the negligence (whether due to action or inaction) of the City, from my own negligence or intentional acts or those of my child/ward, or from the negligence or intentional acts of any other party and incurred as a result of any first aid, treatment or service rendered or not rendered by the City or with the decision by any representative of the City to exercise the power to consent to medical or dental treatment as granted or authorized herein on behalf of my child/ward.**

It is understood this authorization and consent is given in advance for any specific diagnosis or treatment that may be required and is given to provide the City with the authority to exercise its best judgment as to the action that may be necessary or required to protect the life and health of a minor.

**THIS AUTHORIZATION IS EFFECTIVE FROM THE DATE SIGNED THROUGH THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.**

Date Signed: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Cincinnati Police Department  
**\*\*TRANSPORTATION WAIVER AND RELEASE FROM LIABILITY \*\***  
(Please read carefully. This is a legal document that affects your legal rights.)

Event/Program: \_\_\_\_\_ C.I.T.I. CAMP \_\_\_\_\_

Event/Program Location(s): \_\_\_\_\_

Event/Program Date(s): \_\_\_\_\_ Event/Program Time(s): \_\_\_\_\_

I hereby certify that I am the parent or legal guardian of the minor identified below. I am requesting the assistance of the Cincinnati Police Department (CPD) staff with transportation of my child/ward to and/or from the above-described Event/Program on (date) \_\_\_\_\_ as follows: (check all that apply)

\_\_\_\_\_ From (address) \_\_\_\_\_ to the Event/Program.

\_\_\_\_\_ From the Event/Program to (address) \_\_\_\_\_.

I understand that transportation assistance is NOT regularly available and will depend upon a number of circumstances, including but not limited to the availability of staff and vehicles. I further understand that it is my primary responsibility to transport my child/ward to and from the Event/Program location(s), and the assistance with transportation on the date requested herein does not obligate the CPD to provide transportation on any other date. In the event the CPD provides the requested assistance with transportation, I understand that I may be required to accompany my child/ward as a condition of such transportation and that we both may be transported in an official CPD vehicle, in any other vehicle owned or leased by the City of Cincinnati, or in the personal vehicle of a CPD officer, employee or agent, as determined in the sole discretion of the CPD.

**\*\*Waiver and Release from Liability\*\***

**On behalf of myself, my child/ward, our heirs, assigns and representatives, and in consideration of the acceptance of my child/ward for participation in the CPD Event/Program and of the provision of transportation as described herein, I hereby release and forever waive, discharge and otherwise hold the City of Cincinnati, the Cincinnati Police Department, and its officers, employees and agents (“the City”) harmless from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arises or hereafter may arise from the transportation of my child/ward and/or me to and/or from the Event/Program described above. I understand that this Waiver and Release from Liability discharges the City from any liability or claim that I or my child/ward may have against the City, including but not limited to physical or psychological injury, illness, death, economic loss or emotional loss, property damage, costs, and attorney fees, which may arise from the negligence (whether due to action or inaction) of the City, from my own negligence or intentional acts and those of my child/ward, or from the negligence or intentional acts of any other party and incurred as a**

**result of or during the course of the transportation provided.** I further assume all liability and responsibility for my own actions and the actions of my child/ward and I will indemnify and hold the City harmless from all liability for damages resulting from my actions and the actions of my child/ward.

I understand the risks of transportation and, on behalf of myself, my child/ward, our heirs, assigns and representatives, I assume all of the risks, both known and unknown to me, of such transportation, regardless of whether that transportation takes place in an official CPD vehicle, another vehicle owned or leased by the City, or in the personal vehicle of a CPD officer, employee or agent.

Name of Minor Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CINCINNATI POLICE DEPARTMENT  
CONSENT TO EVENT/PROGRAM PARTICIPATION**

**\*\*WAIVER AND RELEASE FROM LIABILITY\*\***

**(Please read carefully. This is a legal document that affects your legal rights.)**

**Event/Program Information:**

Event/Program: C.I.T.I. CAMP

Location(s): \_\_\_\_\_

Event/Program Date(s): \_\_\_\_\_ Event/Program Time(s): \_\_\_\_\_

**Minor**

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

**Parent/Legal Guardian**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_ I am the natural parent of the above-named minor.

\_\_\_\_ I am the legal guardian of the above-named minor. (Please attach a copy of the legal document appointing you as guardian of the minor).

**Emergency Contact** (other than above-named parent or legal guardian)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

As the parent/legal guardian of the above-named minor, I hereby consent to my child's/ward's participation in the Event/Program identified above and offered through the Cincinnati Police Department (CPD).

**On behalf of myself and my child/ward, our heirs, assigns and representatives, and in consideration of the acceptance of my child/ward for participation in the CPD Event/Program described above, I hereby release and forever waive, discharge, and otherwise**

**hold the City of Cincinnati, the CPD, its officers, employees and agents (“the City”) from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my child’s/ward’s participation in the Event/Program described above, and this Waiver and Release from Liability shall extend to any claims that otherwise may arise from any first aid, treatment or service rendered or not rendered by the City or with the decision by any representative of the City to exercise the power to consent to medical or dental treatment as granted or authorized in the Authorization for Medical Treatment of a Minor. I understand that this Waiver and Release from Liability discharges the City from any liability or claim that I or my child/ward may have against the City with respect to any physical or psychological injury, illness, death, economic loss or emotional loss, property damage, costs and attorney’s fees that may result from my child’s participation in the Event /Program described above, whether caused by the negligence of the City, from my own negligence or intentional acts and those of my child/ward, or from the negligence or intentional acts of any other party and incurred as a result of or during my child’s/ward’s participation in the CPD Event/Program.**

I also understand that the City does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

I understand that participation in the Event/Program may expose my child/ward to hazards and risks of injury and/or illness and that I have been given the opportunity to ask any questions I may have about the Event/Program before signing this Waiver and Release of Liability. I expressly and specifically assume the risk of injury or harm in my child’s/ward’s participation in the Event/Program described above.

If this box is checked, I also understand that there may be circumstances where my child’s/ward’s participation in the CPD Event/Program may expose him or her to strong language and or graphic stories of the experiences of former gang members or felons who are invited to speak, and I give my consent to my child’s/ward’s participation in such an Event/Program with that understanding. \_\_\_\_\_ **(Parent/Legal Guardian initials, acknowledging having read and accepted this provision, if box is checked)**

I understand and acknowledge that any equipment issued to my child/ward for use in connection with the Event/Program remains the property of CPD and will be returned to CPD after the conclusion of my child’s/ward’s participation in the Event/Program.

I also acknowledge that I am responsible to provide transportation for my child/ward, to and from the Event/Program site, and I understand that CPD assumes no responsibility for the supervision of my child after the conclusion of the Event/Program if my child remains at the Event/Program location for any reason.

**Parent/Legal Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

CITI CAMP UNIFORM SIZES FOR

CHILD'S NAME \_\_\_\_\_

DATE: \_\_\_\_\_

ARTICLE	SIZE
SWEAT SHIRTS	
SWEAT PANTS	
TEE SHIRTS	
SHORTS	
POLO SHIRT	
KHAKIS PANTS	
SHOES	