

**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 _____

UNIFORM SIZES

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

**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: _____

.

**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: _____

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

Name of Minor Child: _____ DOB: _____

Parent/Legal Guardian Printed Name: _____

Program: _____

Program Location(s): _____

Program Date(s): _____ Program Time(s): _____

I. Transportation to and from CITI Camp

I hereby certify that I am the parent or legal guardian of the minor identified above. I am requesting the assistance of the Cincinnati Police Department (CPD) staff with transportation of my child/ward to and/or from the CITI Camp program location for the duration of the program. I understand that my child will be assigned a pick-up/drop-off location based on where my child resides.

_____ I am requesting assistance with pick-up and/or drop-off of my child/ward for the duration of the CITI Camp Program.

_____ I am NOT requesting assistance with pick-up and/or drop off of my child/ward. I will provide my own transportation for my child/ward.

I understand that it is my primary responsibility to transport my child/ward to and from the Program location but that CPD will attempt to accommodate requests to assist with transporting participants to the Program location. 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. In the event the CPD provides the requested assistance with transportation, I understand that my child/ward will be transported in an official CPD vehicle or in any other vehicle owned or leased by the City of Cincinnati, as determined in the sole discretion of the CPD.

II. Transportation to and from CITI Camp field trips

Each week for the duration of the program, there will be supervised off-site field trips for CITI Camp participants. Past activities have included the Loveland bike trail, various Cincinnati parks, the Hamilton County Courthouse, City Hall, community volunteer opportunities, and the Cincinnati

Bengal's facility. By signing below, you give CPD staff permission to transport your child to and from these field trip locations for the duration of the camp program.

_____ I hereby give permission to CITI Camp staff to transport my child/ward away from the CITI Camp grounds for all field trips, special events, and/or group outings, including neighborhood parks, libraries, and business districts. I understand that participation in these field trips is a condition of acceptance into the program.

****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 into the CITI Camp 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 their 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 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 or another vehicle owned or leased by the City.

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: _____

AUTHORIZATION TO RELEASE CRIMINAL RECORD INFORMATION

C.I.T.I. Camp (“the Program”) is designed to encourage, inspire, motivate, and challenge youth to excel on all levels of social and personal growth. Our goal is to develop participants’ self-confidence and respect for themselves and others, and enable them to learn how to resolve conflict and overt peer pressure in a positive respectful manner. We desire for all students to be academic achievers, model students, and leaders in their school and communities.

In order to measure the success of the Program and thereby ensure the quality of its content, the Cincinnati Police Department (“CPD”) needs to gather information about your child before and after participation in the Program. One measure used by the CPD is the participant’s criminal record before and after participating in the Program. By signing below, you acknowledge and authorize the CPD or an authorized representative of the CPD bearing this document to obtain any information pertaining to your minor child’s juvenile criminal, traffic, and expunged records. This release is executed with full knowledge and understanding that this information will be used by the CPD and may be provided to third parties in relation to the administration of the Program and measuring its success. This signed form releases any officers, employees, court of any jurisdiction, government agency, and related personnel from any and all liability for damages of any kind which may at any time result to you, your minor child, your heirs, family, or associates as a result of the release of any information to or by the CPD pursuant to this authorization..

By signing this form, you also acknowledge that the permission to run a background check of your minor child as stated above is a condition of acceptance into the Program. If you do not consent to the release of this information, your child will not be allowed to participate in this Program.

I, _____ (parent/guardian’s full name),
parent/guardian of _____ (minor child’s full name), have
read this form in its entirety and hereby agree to its terms.

Parent/Legal Guardian Signature: _____

DATE:_____ WITNESS:_____

MINOR CHILD’S FULL NAME:_____

CURRENT ADDRESS:_____

D.O.B.:_____

C.I.T.I. CAMP PARENT QUESTIONNAIRE

PARENT NAME: _____

CHILD'S NAME: _____

1. What concerns reference your child have brought you to the C.I.T.I. Camp Program?

2. Are you employed? Yes No Days and hours you work:

3. Do both parents live in the home? Yes No Are both parents involved in the child's life? Yes No Will both parents be able to attend the Parent to Parent Program? Yes No If both parents are able to attend will they be attending Together or Separate.

4. Are there other siblings in the home? Yes No If yes, how many?

What are the ages of the siblings? _____

5. Is your child on any medications for mental/emotional instabilities? Yes No
If so, what medications? _____

6. Does your child have any physical disabilities? Yes No If so, what disabilities? _____

7. Has there been a trauma in your child's life that could have resulted in behavioral problems with your child?

8. How would you rate your child's ability to cope with anger?

Excellent Good Fair Poor

9. What does your child do when he/she feels angry?

10. Do you have any knowledge of your child ever using illegal drugs? Yes No

If yes, what illegal drugs? _____

11. Has your child had any involvement with the Police reference his/her behavior?

Yes No

Has your child been in Juvenile Court Yes No

12. Are there any outside agencies involved with your child or family? If so, please describe:

13. What would you like to see your child achieve during his/her time in the C.I.T.I. Camp Program?

14. How would you describe your ability to communicate with your child?

Excellent Good Fair Poor Please explain:

C.I.T.I. Camp Student Questionnaire

Name: _____

1. Which member of your family are you most like? _____ How?

2. Who has the most influence on you? _____
How? _____

3. What has been the most influential/life-changing event in your life thus far?

4. Describe your talents. What do you do well? _____

5. Do you have an after school job? __Yes __NO

6. What is your greatest Fear? _____

7. How many friends would you say that you have? __A few __Many __None

8. What kind of things makes you angry? _____

9. How do you react when you are angry? (Please be specific (Yell, Hit, Want to be alone, curse, etc.) _____

10. Identify two behaviors you want to improve: (losing your temper, or etc.)

a. _____

b. _____

11. When do the above behaviors happen? __At home __At school __Both

12. Why do you want to change those behaviors? _____

13. What could we do to help you change those behaviors? _____

14. Have you ever been a bully? __Yes __NO

15. Are have you ever been a victim of bullying saturation? __Yes __No

Participles Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (Optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			

MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

* Multiple-examiner set-up only.
 + Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

Participles Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

- Not cleared for All Sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____
Other Information _____

Name of physician (print/type) _____ Date _____
Address _____ Phone _____

Signature of physician _____, MD or DO

Participles Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

- Not cleared for All Sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____
Other Information _____

Name of physician (print/type) _____ Date _____
Address _____ Phone _____

Signature of physician _____, MD or DO