



WHEN: July 11-13, 2023 | 9AM-3PM  
 WHERE: OJ Watson Park (Wichita, Sedgwick County, Kansas)  
 WHO: 100 Area Youths Between the Ages of 10 and 14 Years of Age  
 COST: **FREE**

MISSION: The Sedgwick County Sheriff's office with the support of the Wichita Metro Crime Commission is conducting a modified version of the Annual L.A.W. Camp from July 11-13, 2023, at OJ Watson Park. We are creating a partnership between law enforcement, military and youth by providing a positive experience using law enforcement and military personnel as role models, building self-esteem, confidence, and trust by involving the participants in activities that stimulates their interest. This will be a day camp and participants are expected to remain with their squads during this time period.

ACTIVITIES: There will be a show and tell to include: firefighting vehicles, E.M.S. ambulance, law enforcement vehicles and military vehicles. Several other activities are planned as follows:

Kayaking	Self-Esteem
Miniature Golf	Volleyball
Pickle Ball	Walk & Talk
Team Building	Pedal Boat
Fishing	Relay Race
Self-Defense Demonstration	K9 Demonstration

**Applications will be accepted for 1<sup>st</sup> time campers who live in Sedgwick County.**

**Applications may be emailed in until June 16th.** Complete packets are due on or before the first day of camp. Parent or Guardian signatures are required before your camper may join activities. We have to have the paper copy with original signatures. This may be completed at drop off on July 11th.

**Please note:** *This may delay your campers participation time!*

**EMAIL:** mary@wichitacrimemission.org

**MAIL:** Mary Mattingly  
 Wichita Crime Commission  
 100 S Main, Ste 508  
 Wichita, KS 67202

**If you are selected to go to L.A.W. Camp, an acceptance letter will be emailed or mailed to the address on your application during the 3<sup>rd</sup> week of June 2023.**

**If you cannot attend for any reason, please call Mary Mattingly at (316) 285-0840 to cancel. This will free up a space so another camper can attend.**

## Sedgwick County Sheriff's Office Law Camp Application

**Contact or mail applications to:**  
 Mary Mattingly  
 Wichita Metro Crime Commission, Inc.  
 100 S. Main, Suite 508  
 Wichita, KS 67202  
 Phone: (316) 285-0840

CAMPER INFORMATION					
Name:			Address:		
City:		State:	Zip:	Home Phone:	Cell Phone:
Date of Birth:	Age:	Email Address:		Sex:	Race:
Grade:					
PARENT INFORMATION					
Father's Name (Address & Phone if different from campers)			Mother's Name (Address & Phone if different from campers)		
Father's Place of Employment		Father's Employment Address		Father's Employment Phone	Father's Cell Phone
Mother's Place of Employment		Mother's Employment Address		Mother's Employment Phone	Mother's Cell Phone
ALTERNATE CONTACT INFORMATION (for emergency purposes)					
Alternate Contact Last Name, First Name, and Address:				Phone:	
Employed By:			Work Address:		Work Phone:
MEDICAL INFORMATION					
Family Doctor:			Address:		
Phone:		Alt. Phone:			
What Allergies, if any:					
Medications & times to be taken:					
Special or unusual medical conditions that the camp director should be aware of, please include handicaps:					
Please use back of application if necessary for further explanation.					
Medical Insurance Carrier:			Policy Number:		
In the event that the listed parent(s) or alternate emergency contact cannot be reached, I give permission for emergency treatment as outlined in the included medical release form.					
Signed:		Date:		Signed:	
				Date:	

# SEDGWICK COUNTY L.A.W. CAMP GENERAL CODE OF CONDUCT

THE FOLLOWING IS A LIST OF DO'S AND DON'TS WHILE ATTENDING L.A.W. CAMP:

1. Be in control of your actions, attitude, and reactions towards others.
2. Respect other camp attendees and staff.
3. Be sensitive and aware of others' feelings.
4. Stay with your squad at all times, unless otherwise directed by staff.
5. Respect other people's property.
6. Respect yourself.
7. No sagging of pants.
8. No disruptive behavior.
9. No flashing of gang signs.

## SEDGWICK COUNTY L.A.W. CAMP DRESS CODE

1. There will be no tank tops, halters, muscle shirts or revealing shirts or blouses!  
(For ladies or gentlemen.)
2. Jeans are fine, so long as they are clean and not full of holes (especially ones which are inappropriately placed).
3. Shorts are permissible WITHIN THE FOLLOWING GUIDELINES:
  - a. NO shorts or cut-off jeans that is shorter than mid-thigh in length.
  - b. NO boxer's; they are too short, period!
  - c. NO T-shirts with printing or advertising for rock groups, beer, cigarettes, or anything in poor taste.
  - d. NO high-cut, skimpy style swimwear. No Speedo or similar styles allowed for gentlemen. The camp commander will make a determination.

I HAVE READ ALL THE ABOVE RULES OF THE  
CODE OF CONDUCT AND DRESS CODE AND  
AGREE TO ABIDE BY THEM.

Attendee  
Please sign here:

X

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Parent/Guardian  
Please sign here:

X

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WHAT TO BRING/WEAR

- Comfortable shoes
- Necessary prescription medications
- Shorts (Should be of appropriate length) and/or jeans
- Tennis shoes

PLEASE LIST YOUR CHILD'S TSHIRT SIZE: \_\_\_\_\_

WHAT NOT TO BRING

- Ball caps (Will be issued)
- Electronic devices (music equipment/radios/walkie-talkies, etc.)
- Knives
- Fireworks
- No weapons or anything that can be used as a weapon
- Swimwear in bad taste (i.e., string bikinis or thongs)
- **Jewelry**
- Money
- *Cell phones are strictly prohibited*

**Violation of any of the above rules shall result in immediate removal from camp and being transported home.**

I HAVE READ ALL THE ABOVE RULES OF  
WHAT TO BRING AND NOT BRING.

Attendee  
Please sign here:

  X  

Parent/Guardian  
Please sign here:

  X

**SEDGWICK COUNTY SHERIFF'S OFFICE  
WAIVER AND RELEASE OF LIABILITY**

\_\_\_\_\_, age \_\_\_\_\_ of \_\_\_\_\_  
(Name of Parent/Guardian) (of Child) (Name of Child)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Address) (City) (State)

as of the parent or guardian of, \_\_\_\_\_ whose date of birth is, \_\_\_\_\_  
(Name of Child) (MM/DD/YY)

do hereby, in exchange for the opportunity for my child to participate in L.A.W. Camp activities including, but not limited to, kayaking, miniature golfing, walking, fishing, and such other activities sponsored by the Sedgwick County Sheriff and the organizations listed within this application— release and forever discharge the Board of County Commissioners of Sedgwick County, Kansas; the Sedgwick County Sheriff; all of the above referenced entities, agents and employees (including volunteers), their heirs, executors, administrators, successors, and assigns, from each and every right and claim which I may hereafter have on account of damages to my child's property or person resulting from any incident, occurrence or activity arising from my child's participation in said L.A.W. Camp. I understand this program is a camp type setting and that my child may be transported to and from other locations to the principal setting.

This release is my authorization for my child to attend and participate in such activity.

The undersigned hereby declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and this release contains the entire agreement between the parties hereto, and that the terms of this release are contractual and not a mere recital.

This release shall bind the signor, his/her heirs, next of kin, executors, administrators, successors, or assigns and shall inure to the benefit of the parties released, their heirs, next of kin, executors, administrators, successors or assigns.

The release herein granted shall commence and be in full force and effect after the date hereof, and such release shall remain in full force and effect thereafter until such time as the same shall be revoked by me in writing or until July 13, 2023, whichever time occurs first.

I do hereby give the Sedgwick County Sheriff's Office their assigns, licenses, and legal representatives the irrevocable right to use my child's name, picture, photograph, image or voice in all forms of media. I waive any right to inspect or approve the finished product.

THE UNDERSIGNED HAS READ THE FORGOING RELEASE AND FULLY UNDERSTANDS ITS TERMS AND CONDITIONS.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand this \_\_\_\_\_ day of \_\_\_\_\_ 2023.

**X** \_\_\_\_\_  
(Signature: Parent or Guardian)

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE  
FOR SEDGWICK COUNTY SHERIFFS L.A.W. CAMP**

I hereby authorize Jeff Easter, Sheriff of Sedgwick County, Mary Mattingly, Wichita Metro Crime Commission, and/or any employee or volunteer designated by them to give consent for any and all necessary emergency medical and surgical care for my child,

\_\_\_\_\_ (CAMPER'S NAME)

\_\_\_\_\_ (DATE OF BIRTH)

while said child is in said individual's custody or is participating in any activity sponsored by the Sedgwick County Sheriff's Office, between the dates of July 11, 2023 and July 13, 2023. I further agree to accept all financial responsibility for said treatment, including all fees, if any, associated with such treatment.

In addition to the authorization and consent set out above, I understand that it may be in the best interests of my child to be provided with an analgesic on site if deemed necessary by a trained paramedic. In that regard, I hereby specifically authorize the use of the following: (Please check one or more)

- \_\_\_\_\_ Tylenol (Acetaminophen)
- \_\_\_\_\_ Ibuprofen
- \_\_\_\_\_ Antacid (Tums)
- \_\_\_\_\_ Benadryl

A photo static copy of this authorization shall be sufficient evidence of my authorization.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

**X** \_\_\_\_\_ (Signature: Parent or Guardian)

THE FOLLOWING INFORMATION MUST BE COMPLETED CONCERNING THE ABOVE IDENTIFIED CHILD.

REGULAR PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

EMERGENCY PHONE NUMBERS: \_\_\_\_\_

HOME                  FATHER (WORK)                  MOTHER (WORK)

DO YOU HAVE HEALTH INSURANCE:    YES        NO        (PLEASE CIRCLE ONE)

POLICY NAME AND NUMBER: \_\_\_\_\_

DO YOU RECEIVE MEDICAL ASSISTANCE: \_\_\_\_\_

PROGRAM AND CARD NUMBER: \_\_\_\_\_

IS YOUR CHILD ELIGIBLE FOR MILITARY MEDICAL CARE:    YES        NO        (PLEASE CIRCLE ONE)

I.D. NUMBER: \_\_\_\_\_

DRUG ALLERGIES: \_\_\_\_\_

LAST TETANUS TOXOID: \_\_\_\_\_

**Sedgwick County Sheriff's Office**  
**141 W. Elm**  
**Wichita, KS 67203**

**LAW Camp**  
**3022 S. McLean Blvd**  
**Wichita, KS**

Permission to use photograph and/or video LAW 2023

I grant to Sedgwick County Sheriff's, sponsoring agencies representatives and employees the right to take photographs and/or video of me and my child in connection with the above-identified subject. I authorize Sedgwick County Sheriff's Office, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Sedgwick County Sheriff's Office and sponsoring agencies may use such photographs and/or video of me or my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Yes, I agree to let the Sedgwick County Sheriff's Office take pictures of my child.

No, I do not agree and do not want my child's picture taken.

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

Child's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**City of Wichita**

**KAYAK WAIVER AND RELEASE OF LIABILITY**

IN CONSIDERATION of being permitted to participate in any way in the OJ Watson Park Recreational Paddling events and related activities involving paddle boats, kayaks, and other small water craft activities I, for myself, my personal representatives, assigns, heirs and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Recreational Paddling and related Activities and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
  2. FULLY UNDERSTAND that: (a) Recreational Paddling and related ACTIVITIES ("ACTIVITIES") INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation.
  3. I HEREBY WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL LIABILITY the City of Wichita, its agents, officers, employees and volunteers (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, PERSONAL INJURIES, DISABILITY, DEATH, DAMAGES TO PROPERTY, OTHER DAMAGES OR LOSS OF ANY KIND WHICH MAY OCCUR TO ME RESULTING FROM MY PARTICIPATION IN THE "ACTIVITIES", OR ACTIONS OF ANY KIND CAUSED OR ALLEGED TO BE CAUSE IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS.
  4. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE ANY OF THE "RELEASEES" from or for any and all liabilities or claims made as a result of my participation in the "ACTIVITIES", including any litigation expenses, attorney fees, loss, liability or damages whether caused by my own actions or inactions, the actions or inactions of any of the "RELEASEES" or the actions or inactions of other participants in this activity.
  5. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, ALL REMAINING PORTIONS OF THIS AGREEMENT, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.
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I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the City of Wichita, its agents, officers and employees from any and all liabilities or claims made as a result of my participation in this activity, whether caused by my own actions or inactions, the actions or inactions of the City of Wichita, its agents, officers and employees, or the actions or inactions of other participants in this activity.

Participant Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Signature of Adult/Guardian** (if participant is under the age of 16) \_\_\_\_\_