

Victoria Police Department

Camp Keimryn



The Victoria Police Department Camp Keimryn is one of several innovative and effective programs which our department provides for young citizens in the Crossroads area. The program provides our youth with the opportunity to train with police officers during the summer, leading to a positive relationship between the Victoria Police Department and the City of Victoria's youth.

The participant must be 10-14 years of age prior to start of camp. The camp will begin on Monday, June 23rd and end on Thursday, June 26th, 2025. On Monday, Tuesday and Thursday, classes will begin at 8:00 a.m. and will end at 12:00 p.m. Classes will be held at the Victoria Community Center, 2905 E North St. On Wednesday, the camp hours will be from 10:00 am to 1:00 pm and will be at Outlaw Pass, 78 Tate Rd.

Students will participate in hands-on drills (Building Searches, Traffic Stops, SWAT Drills, etc...). Victoria Police Officers will instruct classes which include lectures, role-playing, and demonstrations in the areas of patrol unit familiarity, building clearing, CPR, K-9 demo, drone demo, handcuffing, traffic stops, and more.

Our camp will provide each student with the opportunity to participate in team building activities which promote social skills, developing positive attitudes, and practices which are crucial for positive leadership in our community.

The cost to attend will be \$60 per student which will include a camp T-shirt and snacks! The attached application will require a background check, medical release, and parental consent forms. Campers will be expected to take the program seriously, and follow camp rules, which closely resemble school rules. Due to the seriousness of the content of this program, immature behavior will not be tolerated and students failing to comply with behavior expectations may be removed from the camp. Campers will be chosen in the order that all paperwork is received and upon successful completion of the background check. The registration form and fees are due on or before Monday, June 9th, 2025.

For additional information, please call the Victoria Police Department Training Unit, 361.485.3799, or email us at policetraining@victoriatx.gov.

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The student must be between 10-14 years of age. Camp must be paid in full prior to June 9, 2025. Partial payments will not be accepted. Cost per student, \$60 each, cash or check only. Please make checks payable to the Victoria Police Foundation. Please turn applications in at Victoria Police Department sub-station (Victoria Mall).

* T-Shirt Size: S M L XL Youth / Adult

Name of Participant: _____ D.O.B. _____ Sex: _____

Address: _____ City: _____ State: _____

Cell Number: _____ School: _____ Last Grade of Completion: _____

Parent/Guardian: _____ Cell Number: _____

Address: _____ City: _____ State: _____

Employer: _____ Work Number: _____

Best time to Call _____ Alt Number _____

Emergency Contact _____ Cell Number _____

Address: _____ City: _____ State: _____

Employer: _____ Work Number: _____

Best time to Call _____ Relationship _____

Allergies to drugs and/or foods: _____

Medical conditions: _____

***Important medical information (Special medications / instructions): _____

Physician Name: _____ Phone: _____

*** Optional***

Has the applicant ever been detained, arrested or issued a citation by Law Enforcement (If yes, list Police Agency, date & explanation):

ACKNOWLEDGEMENT:

I hereby acknowledge that if I am selected as a participant in the VICTORIA POLICE DEPARTMENT YOUTH CAMP, my primary objective will be to examine and study the field of law enforcement and community service. I understand that teamwork is a necessity for the success of the program and my own personal growth. I will remain true and honest, and will strive to achieve the objectives and ideals of the VICTORIA POLICE DEPARTMENT YOUTH CAMP.

Applicant Signature: _____

*I understand that the portion of this form is subject to examination by the **Victoria Police Department** and I further acknowledge that all of the information contained will be used solely to determine my suitability as a Victoria Police Department Youth Camp participant. All the information herein is accurate and true to the best of my knowledge. I understand that this application form will become property of the **Victoria Police Department** and I hereby authorize the release and full disclosure of any or all personal / confidential information to any duly authorized agent of the **Victoria Police Department**.*

Applicant Signature: _____

Date: _____

Parent / Guardian: _____

Date: _____

FOR DEPARTMENT USE ONLY

Background Checks: Local Records Check

Application Approved: Yes No

Parent Guardian Contacted Yes No

Camp Paid Yes No

Approved By: _____

Date: _____

VIDEO PHOTO RELEASE

I understand that during the **VICTORIA POLICE DEPARTMENT YOUTH CAMP** and/or activity, my photograph and/or the photograph of my child may be taken by the **VICTORIA POLICE DEPARTMENT YOUTH CAMP**, producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the **VICTORIA POLICE DEPARTMENT YOUTH CAMP**, producers, sponsors, organizers and/or it's assigns for such purpose as they deem appropriate.

AUTHORIZATION TO TREAT A MINOR

I, the parent / legal guardian of the child listed below, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions under the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of Texas Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the physician listed in the application, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This consent shall remain in effect for the duration of my child's participation with the **VICTORIA POLICE DEPARTMENT YOUTH CAMP**.

RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any program and/or activities of the **VICTORIA POLICE DEPARTMENT YOUTH CAMP**, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any **VICTORIA POLICE DEPARTMENT YOUTH CAMP** and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of my child's participation in the **VICTORIA POLICE DEPARTMENT YOUTH CAMP** or activity. I agree to indemnify and hold harmless from liability the City of Victoria- **VICTORIA POLICE DEPARTMENT**, its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in the **VICTORIA POLICE DEPARTMENT YOUTH CAMP** and/or activity. The release is intended to discharge in advance the **VICTORIA POLICE DEPARTMENT**, its member chapters and/or any of their agents, servants, or employees by reason again any accident, death, injury or damages to person or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with me or my child's participation in the **VICTORIA POLICE DEPARTMENT YOUTH CAMP** and/or activity.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to accept all responsibility for any property damage or injury to any person cause by me or my child while participating in the **VICTORIA POLICE DEPARTMENT YOUTH CAMP** and/ or activities.

I have read, understand and approve the **VIDEO PHOTO RELEASE, AUTHORIZATION TO TREAT A MINOR** (with restrictions I may have listed above) and **RELEASE FROM LIABILITY**.

PRINT NAME OF PARTICIPATING CHILD

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date: _____