



Lexington Police Department  
*in Collaboration with*  
Buena Vista Police Department  
and Rockbridge County Sheriff's Office

## Junior Police Summer Camp

---

One Week Camp for **Ages 7-10** (June 22-26, 2026)

One Week Camp for **Ages 11-14** (July 20-24, 2026)

**Application deadline is May 15, 2026**

Camp Fee: \$65.00 (*includes all fees for field trips, lunch, snacks, and camp T-shirts*)

---

Camp Coordinator

Sergeant Curry

[hcurry@lexingtonva.gov](mailto:hcurry@lexingtonva.gov)

540-462-3752

### OFFICE USE ONLY

Date Application Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_

Approved -  Yes  No

Officer Initials - \_\_\_\_\_



## Application Packet Checklist

- Signed Registration Form
- Signed Health/Medical Information & Release Form
- Signed Acknowledgment Form
- Signed Rules of Conduct Form (*signed by parent/guardian and child*)
- Signed Disciplinary Policy
- Signed Medical Release Form
- Turn in packet with all attached paperwork including this page and the front page.

Please complete entire application packet and submit online at [Junior Police Camp](https://www.lexingtonvapo.com/community-links-main/junior-police-camp) (<https://www.lexingtonvapo.com/community-links-main/junior-police-camp>). Hard copies can be dropped off at the Lexington Police Department, 11 Fuller Street, Lexington, VA 24450 or emailed to [lexpolice@lexingtonva.gov](mailto:lexpolice@lexingtonva.gov). **Applications must be received by May 15, 2026, no later than 5:00 p.m.**

Incomplete packets will not be accepted and will not be processed for acceptance.

**Each camp is limited to 30 participants.** A waiting list will be maintained in case of cancellations.

Applicant's age requirements are 7-14 years of age.

The Lexington Police Department (LPD) does not provide transportation to and from the camp.

Campers must be signed in and out each day by a parent or guardian. Campers may be signed in up to 15 minutes prior to the start time and must be signed out within 15 minutes of the dismissal time.

### **Important Application & Registration Information**

- All applications will be reviewed and approved by LPD staff.
- Applicants will be contacted by **May 19, 2026**, via email or phone when they have been accepted into the camp.
- Once accepted, the **\$65 registration fee** must be paid at the **Treasurer's Office** (new temporary location) at **626 Waddell Street** between **8:30 a.m. - 4:30 p.m.**
- **Deadline to submit the registration fee: May 29, 2026, by 4:30 p.m.**
- If payment is not received by close of business on **May 29, 2026**, camper will be removed from the program and the next applicant on the waitlist will be notified.

**Camp hours will be 9:00 a.m. - 3:00 p.m., Monday - Friday.**

Campers may be dropped off and signed in between 8:45 a.m. and 9:00 a.m. at Lylburn Downing Middle School, 302 Diamond Street, Lexington, VA 24450.



# Registration Form

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age at start of camp: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

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

Parent's Email: \_\_\_\_\_

Camper's T-shirt Size: **YOUTH**  S  M  L **ADULT**  S  M  L  XL  XXL

**Has camper previously participated in LPD's Summer Camp?**  Yes  No

Is camper participating June 22-26, 2026?

**This camp week is for ages 7-10.**

Is camper participating July 20-24, 2026?

**This camp week is for ages 11-14.**

### Emergency Contact Information

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

Relationship to Camper: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

As parent/guardian having legal custody of the camper \_\_\_\_\_, who is voluntarily enrolled as a participant in the Lexington Police Department Summer Camp, I agree to instruct my child to observe rules and regulations governing the activities. I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for my child to attend camp and participate in all phases of the program, including off-site activities and related transportation.

I understand that a statement of his/her good health is required before he/she may attend camp. As the parent or legal guardian of the above child, I give permission for the above child to be photographed and/or audio/video taped during this event. I also give permission for the images and/or recordings to be published, reproduced, or distributed by Lexington Police Department and its affiliates in all outlets, including, but not limited to, television, newspapers, internet, council publications, recruitment materials, and ads, without liability or limitation or claims on my part or that of my child. I have read the above statements. I understand the information and agree to allow my son/daughter to participate in camp.

**By typing your name below instead of providing a wet signature, you acknowledge that you have read, understand, and agree to the contents of this document.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Health/Medical Information & Release Form

Does your child have any allergies (food, environment, etc.)?  Yes  No

If yes, please specify: \_\_\_\_\_

Are there any activities in which your child may not participate in?  Yes  No

If yes, please specify: \_\_\_\_\_

Does your child suffer from asthma?  Yes  No

If yes, please make sure your child brings their inhaler every day.

Is your child required to carry an EpiPen?  Yes  No

If yes, please make sure your child carries it every day.

No medication will be administered during camp hours. If your child requires medication, please ensure that this is taken care of at home.

The information listed on this health information form is correct and to the best of my knowledge. The camper described herein has my permission to engage in all prescribed camp activities except as noted in this form.

I, \_\_\_\_\_, as parent/guardian, authorize Lexington Police Department Summer Camp staff to seek emergency treatment as required and transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary.

Participant's Name Printed: \_\_\_\_\_

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

**By typing your name below instead of providing a wet signature,  
you acknowledge that you have read, understand, and agree to the contents of this document.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Acknowledgment Form

## Authorization for Treatment:

I hereby give my permission to the medical personnel selected by the Lexington Police Department to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment to my child. **Initials:** \_\_\_\_\_

## Release Statement:

I acknowledge that there are natural hazards associated with rock wall climbing and related activities. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of Lexington Police Department accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge the Commonwealth of Virginia, its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp. **Initials:** \_\_\_\_\_

## Photo Release:

I hereby give my permission for my child's picture to be used by Lexington Police Department publications or video programs. **Initials:** \_\_\_\_\_

## Travel:

I give permission for my child to travel with the Lexington Police Department on field trips and destinations. I understand that I will be informed of the field trips scheduled for the Lexington Police Department Summer Camp. **Initials:** \_\_\_\_\_

**Note:** By initialing above, you acknowledge that you have read and agree to each item. **Initials:** \_\_\_\_\_

Participant's Name Printed: \_\_\_\_\_

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

*By typing your name below instead of providing a wet signature, you acknowledge that you have read, understand, and agree to the contents of this document.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Rules of Conduct Form

1. Treat everyone with respect;
2. No weapons of any kind;
3. Baseball caps and hats are not allowed;
4. **All electronic devices must be left at home** (*cell phones, electronic watches, etc.*);
5. No physical contact with peers, unless directed;
6. Horseplay or rough housing will not be tolerated;
7. No vulgar or profane language;
8. **Camp T-shirts must be worn;**
9. Follow all directions given by camp staff;
10. No chewing gum or sodas;
11. Attendees must participate in all camp activities, including physical activities;
12. Safety comes first;
13. Wearing jewelry or expensive watches is discouraged;
14. **Athletic shoes must be worn;**
15. No Crocs, clogs, open-toed shoes, or sandals;
16. No cut off shorty shorts or extra baggy shorts; and
17. We expect 100% attendance! Absences **MUST** be cleared through the Police staff in advance or the camper risks being dropped from the camp.

Violation of any of these rules may result in the camper being disciplined (see Summer Camp Disciplinary Policy).

Campers are asked to abide by these rules and the basic rules of conduct set by the City of Lexington Public Schools.

**By typing your name and your child's name below instead of providing wet signatures, you acknowledge that you and your child have read, understand, and agree to the contents of this document.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Disciplinary Policy

Summer camp is meant to be a fun, educational, and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the summer camp. If it becomes necessary to take disciplinary action against a student, the steps that will be followed are outlined below.

**1st Incident:** The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate. (Whenever possible, this will be done in a one-on-one setting removed from other campers.) The camper's parent will be notified of their behavior when they arrive to pick up the child.

**2nd Incident:** Staff will determine an appropriate consequence for the camper's actions (examples may include a "time-out" or exclusion from participating in an activity). The camper's parent will be notified of their behavior when they arrive to pick up the child.

**3rd Incident:** The child will be excused from camp without a tuition refund. The Lexington Police Department reserves the right to bar any child from summer camp following a first incident in cases of serious behavior problems.

Please note the above Disciplinary Policy is a guideline. Lexington Police Department staff will utilize their discretion on a case-by-case basis depending upon the severity of the camper's actions. The Lexington Police Department has the right to determine if a camper's actions may place the safety of other campers or staff members at risk and, therefore, determine to suspend a camper's right to attend the camp from one day up to Termination with No Refund.

Parents/Guardians will be advised of all concerns for conduct and any disciplinary action, as noted above, taken to correct misbehavior.

Participant's Name Printed: \_\_\_\_\_

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

*By typing your name below instead of providing a wet signature, you acknowledge that you have read, understand, and agree to the contents of this document.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Medical Release Form

In the event of an accident or illness, Lexington Police Department personnel will try to contact the parent or legal guardian first. If it is serious, 911 will be called and your child will be taken to the closest emergency room for treatment. ***YOUR CHILD CANNOT RECEIVE EMERGENCY TREATMENT WITHOUT YOUR AUTHORIZATION BELOW.***

My signature authorizes and gives my legal consent to Lexington Police Department personnel to be able to make medical decisions for any emergencies, injuries, or illnesses on my behalf and/or to take the child to a hospital for necessary treatment and/or consultation for any emergency nature he/she incurred while participating in the field trip/activity. If my child requires emergency medical treatment, I understand that Lexington Police Department personnel may provide emergency medical treatment if it is determined necessary.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency service incurred on behalf of my child. I acknowledge and agree that the Lexington Police Department is ***NOT*** responsible for any medical, hospital expenses, and/or charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original.

Participant's Name Printed: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

***By typing your name below instead of providing a wet signature, you acknowledge that you have read, understand, and agree to the contents of this document.***

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_