



Chisago County Safety Camp

Tuesday, July 18, 2017

7:30 am-4:00 pm

Camp Ojiketa – Chisago City

HEY KIDS! This one-day camp is brought to you by the Chisago County Sheriff's Office, Lakes Area Police Department, North Branch Police Department, Chisago City Fire Department, Lakes Region EMS, Farmers Insurance, St. Croix Regional Medical Center and Fairview Lakes Medical Center. **This one day camp is FREE!**

Unintentional injuries are the leading cause of serious injury and/or death in children. This camp, taught by those who respond to injury related incidents, is designed to teach children how to stay safe in a variety of situations with the goal of reducing the number of injuries that occur each year. The camp includes sessions on bike safety, fire safety, 911 procedure, personal safety, and first-aid - all in an informative and fun atmosphere. The knowledge and skills campers learn will allow them to make the right decisions when faced with unsafe conditions now and in the future.



Children who have completed 3rd, 4th or 5th grade can attend Safety Camp.

Registration is required and limited to the first 50 participants. All registrations are due by June 24th! Registrations will be accepted by mail, fax, email, or in person. An informational packet will be sent out via email to all registered participants approximately one week prior to camp with check-in information and a list of things to bring to camp. Camp includes a t-shirt, bike helmet, a snack, games, and giveaways!

Campers will need to bring a bag lunch and a bike.

DON'T MISS OUT – REGISTER SOON!

Chisago County Safety Camp Registration – **Please fill out ONE form PER camper**

Child's Name: _____

Parent/Guardian Names: _____

Address: _____ City: _____ Zip _____

Phone (home): _____ Phone (work): _____ Phone (cell): _____

Email (please print clearly): _____

School: _____ Grade Completed: _____

T-Shirt Size (check one) - Youth Sizes: Small Medium Large Adult Sizes: Small Medium Large

Does your child have any special needs? _____

Will your child need medication at any time during camp? _____

Is your child attending with a friend? If yes, who?: _____

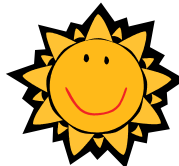
Safety Camp Waiver and Release of Liability

I acknowledge that Safety Camp assumes no responsibility for injuries or illness which may sustain as a result of my child's participation in Safety Camp.

Parent / Guardian Signature: _____ Date: _____

Send Registration to:

Lindstrom Clinic
Attention: Wellness Center
12375 Lindstrom Ln. Lindstrom, MN. 55045
Email: sportsandwellness@scrmc.org
Fax: 651-213-3213



Camp information:

Sgt. Justin Wood
Chisago County Sheriff's Office
Phone: 651-213-6317
Email: Justin.Wood@chisagocounty.us

Safety First, Last and ALWAYS!