



Hawks, Cops & Kids presented by:
University of Kansas
Kansas Bureau of Investigations
Kansas Highway Patrol
Douglas County Sheriff's Department
Lawrence Police Department
KU Department of Public Safety
Kansas Big Brothers Big Sisters



When: Saturday, September 29, 2012

9:00 am - 12:30 pm

Registration: 9:00 am - 9:30 am

Youth must be checked in by 9:30 am to participate.

Where: The Robinson Center: 1301 Sunnyside Drive, University of Kansas - west entrance

Who: Area youth entering 3rd to 8th grade in fall 2012. *This is a free event.*

No youth entering or in high school will be admitted!

Mission: Hawks, Cops & Kids presents youth with the opportunity to learn about health, fitness, personal safety, drug abuse/resistance education, internet safety, and teamwork in a fun and welcoming environment.

Activities: Each child will participate in a variety of activities from health and wellness to personal safety. KU athletes will provide instruction in a number of activities like football, soccer, and volleyball, while focusing on teamwork and making smart, healthy choices. In addition, participants will have the opportunity to learn from local law enforcement how to deal with important issues like personal safety, stranger danger, bullying, and drugs.

Please drop off, fax, or mail the completed application to:

Big Brothers Big Sisters
536 Fireside Court, Suite B
Lawrence, KS 66044
P: (785) 843-7359
F: (785) 331-2893

Please address any questions or concerns to Cathy Brashler at 785-843-7359 or cbrashler@ksbbbs.org.



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Youth Participant Information

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Grade: _____ Sex: _____

Emergency Contact Information

Name: _____ Cell Phone: _____

Code of Conduct:

The following is a list of Do's and Don'ts while attending Hawks, Cops, & Kids:

1. Be in control of your actions, attitude and reactions toward others.
2. Respect other participants and staff.
3. Be sensitive and aware of others' feelings.
4. Stay with your assigned group at all times unless otherwise directed by staff.
5. Respect other peoples' property.
6. Respect yourself.
7. No disruptive behavior will be tolerated.
8. No flashing of gang signs.
9. No electronic devices.
10. No weapons.

Dress Code:

Due to the active nature of Hawks, Cops & Kids, the following dress code will be enforced for all participants' safety.

1. Tennis shoes with tied laces are the only allowed footwear. No boots, dress shoes, sandals, flip-flops will be allowed.
2. While jeans are allowed; there will be no sagging of the pants, or holes allowed in jeans.
3. No halter tops, or sleeveless shirts will be permitted.
4. No shorts shorter than mid-thigh will be permitted.

I have read all the above rules of the **Code of Conduct** and **Dress Code** and agree to abide by them.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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Waiver and Release of Liability

I (Name of Parent/Guardian) _____

as the parent or guardian of (Name of participant) _____

whose date of birth is _____ do hereby, in exchange of the opportunity for my child to participate in the Hawks, Cops & Kids activities - including, but not limited to, baseball, basketball, football, rowing, soccer, track and field, internet safety, personal safety and nutrition - release and forever discharge the University of Kansas, all of the above referenced entities, agents, 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 Hawks, Cops & Kids. I understand that this program is a camp-type setting and that my child may be transported from the principal setting.

I acknowledge that the sponsors of Hawks, Cops & Kids and their employees or volunteers may take and utilize photos of my child in connection with promotional or other activities and hereby waive all rights to compensation.

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.

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

Parent/Guardian Signature: _____ Date: _____



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Authorization for Emergency Medical Care

I hereby authorize any adult employee of the University of Kansas Athletic Department, the Internet Crimes Against Children Task Force, the Kansas Bureau of Investigations, the Kansas Highway Patrol, the Douglas County Sheriff's Department, the Lawrence Police Department, the KU Department of Public Safety, and Kansas Big Brothers Big Sisters and any volunteer designated by these employees to give consent for any necessary emergency medical care for my child:

Participant's Name: _____ DOB: _____

while said child is in said individuals' custody or is participating in any activity sponsored by the University of Kansas Athletic Department, the Internet Crimes Against Children Task Force, the Kansas Bureau of Investigations, the Kansas Highway Patrol, the Douglas County Sheriff's Department, the Lawrence Police Department, the KU Department of Public Safety, and Kansas Big Brothers Big Sisters on the date of Hawks, Cops & Kids. I further agree to accept all financial responsibility for said treatment, including all fees, if any, associated with such treatment.

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

Parent/Guardian Signature: _____

The following information **must be completed** for the above identified child.

REGULAR PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

DO YOU HAVE HEALTH INSURANCE: YES _____ NO _____

POLICY NAME: _____

POLICY NUMBER: _____

DRUG ALLERGIES: _____

LAST TETANUS TOXOID: _____