

2026
PENNSYLVANIA STATE POLICE BUTLER COUNTY CAMP CADET
PARENT/ GUARDIAN / CAMPER RELEASE

I understand that **Butler County Camp Cadet Association / Troop D Camp Cadet Association** will accept my child to attend Butler County Camp Cadet/Troop D Camp Cadet (hereinafter “camp”) on the basis that I agree to assume all risks which may arise from my child’s participation in the camp and further that I provide a release to **Butler County Camp Cadet Association / Troop D Camp Cadet**, its directors, officers, agents, employees, staff, volunteers and members.

Therefore, with the intent to be legally bound, I consent to my child’s participation in, and attendance at the camp from August 03, 2026, through August 07, 2026. Furthermore, with the intent to be legally bound, I hereby release **Butler Camp Cadet Association / Troop D Camp Cadet, Pennsylvania State Police** its directors, officers, agents, employees, and members, from any and all liability for damage or injury to my child or my child’s property resulting from, or in any way related to, his participation in and attendance at the camp.

I further agree to indemnify, save harmless and defend **Butler County Camp Cadet Association / Troop D Camp Cadet**, its directors, troopers, officers, agent, employees, staff, volunteers and members, and, The Pennsylvania State Police from and against any and all claims, liabilities, losses, and expenses, including costs directly and indirectly incurred as a result of any action or omission of my child, the **Pennsylvania State Police or Butler County Camp Cadet Association / Troop D Camp Cadet**, its directors, officers, agents, employees, staff, volunteers or members, arising from, or in any way related to, my child’s participation in camp, which we may have against any party whatsoever.

I understand that my child will be subject to the disciplinary policies of the camp, and that refusal to abide by camp policies is grounds for dismissal from camp. I understand that I am responsible to provide transportation for my child to and from camp. In the event of a disciplinary dismissal, I understand that I am required to provide transportation from the camp at the time requested by the camp staff.

I understand and acknowledge the significance and consequences of such specific intention to release all claims and hereby assume full financial responsibility for any injuries, damages, losses and medical expenses that my child or I may incur from my child’s participation in the camp.

(Please Print) Parent / Guardian Name

Signature of Parent / Guardian of Cadet (Date)

(Please Print) Cadet Name

Signature of Cadet (Date)

DO NOT MAIL THIS FORM
BRING COMPLETED FORM TO ORIENTATION

Butler County Camp Cadet Information Form

Camper Name: (Last, First, Initial) _____ Birthdate _____ Age/Gender _____

Parent or Guardian: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

Second Emergency Contact _____ Home Phone: _____

Personal Physician: _____ Phone: _____

Additional information that may help us care for your child:

Insurance- A copy of the camper's insurance card must be attached to this form!!

Parental/Guardian consent to medical treatment and Hospital Services

This will certify that we (I), the undersigned parent(s) or guardian(s) of the listed below camper do hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services.

This will further certify that we(I), the undersigned, do hereby release and discharge the **Butler County Camp Cadet Association, Troop D Camp Cadet**, its officers, troopers, agents, instructors, employees, volunteers, board members, and **The Pennsylvania State Police**, from any and all claims, demands, damages, suits, actions which we (I) may, can, or shall have by reason of any illness, injury, or accident, or suffered by said son, daughter, or child while traveling to, attending or participating in the Troop D Camp Cadet week from the time of his/her departure from home until his/her return thereto.

Signature and Printed Name of Father and Mother/Guardian(s)

Date

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Butler County CAMP CADET Physicians Evaluation Form

Name _____ Date of Birth _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

May participate in all camp activities (refer to list of activities on pg.5) YES or NO, if no, please explain:

Medical information pertinent to routine care and emergencies:

- seizures low blood sugar diabetes lung trouble heart trouble
- hx of fainting spells bleeding disorders hx sprains/strains/fractures
- hx of concussion/head/neck/brain injury hx of heartburn/Stomach issues
- hx of bowel/bladder issues recent infection/communicable diseases
- mental health concerns, i.e. ADHD, Depression, Suicidal, Anxiety**

*please explain above checked areas _____

Is this individual taking prescription or over the counter medication(s)? YES NO

Does the individual have allergies (environmental/insect/meds/food)? YES NO Explain:

Is the individual on a special diet? YES NO

Explain: _____

Does the individual have special needs or important health related information? YES NO

Explain: _____

This camper is up-to-date on all the following routine childhood immunizations? YES NO

(IMMUNIZATION RECORD MUST BE COPIED AND INCLUDED WITH FORM)

Print name of medical care provider: _____

Medical care provider's number _____

Signature of Physician, PA, CRNP

Date

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Butler County Camp Cadet Medication Form/Permission Slip

Prescription and/or Over the counter medication

<u>Medication</u>	<u>Dosage</u>	<u>Time-please state</u> (breakfast, lunch, Dinner, bedtime)

We/I give permission to the nursing staff of Troop D Camp Cadet to administer prescription medication to _____ (cadet's name), as prescribed by the child's physician.

We/I give permission to the nursing staff of Troop D Camp Cadet to administer over the counter medication to _____ (cadet's name), as needed.

Signature or Parent(s)/Guardian(s)

Date

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2026 Butler County Camp Cadet

It is further understood that the program is **physically and mentally challenging**, requiring that the camper/cadet/Jr. counsellor be physically fit, healthy, that said participant does not require individual or special attention, and that he/she will participate in all phases of the program.

Activities include, but are NOT LIMITED TO:

1. Ropes course to include climbing and zip line
2. Obstacle course to include running, crawling, climbing, etc.
3. **Daily Physical Training** Instruction (0-3-mile run, push-ups, sit-ups, calisthenics, jumping jacks, etc.)
4. Daily Marching Drills
5. Swimming
6. 0-5 mile hike through wooded terrain
7. Daily sporting activities (soccer, flag/touch football, basketball, dodge ball, etc.)
8. Other physical activities that require running, crawling, jumping, throwing, climbing, carrying, bending, twisting, pushing, pulling, etc.

Permission for Photography and Video Recording

I give permission for _____ to be photographed and video-recorded during participation in the 2026 Troop D Camp Cadet Program. I understand the photos and video recordings will be used by the Butler County Camp Cadet Association, Butler County Camp Cadet, and Troop D Camp Cadet to promote the program for future years. These promotional activities may include display to groups, public broadcast on television, internet display, etc. Images may also be used in memorabilia for sale.

Behavior Policy

Troop D Camp Cadet reserves the right, at personnel discretion, to dismiss any cadet/camper/Jr. Counselor whose behavior is deemed inappropriate. Parent(s)/guardian(s) must immediately pick up child upon a notice of expulsion/dismissal.

Rules include but are not limited to the following:

- Follow all rules set by Troop D Camp Cadet Instructors/Staff
- Be honest and respectful at all times
- Keep hands to themselves and respect others space
- Stay with the group and notify staff if they need to leave the group
- Have a positive attitude and participate in all camp activities
- No bullying, fighting, hazing, display of affection (verbal or physical) or sexual harassment
- No negative or hateful language
- No theft or vandalism of any kind will be tolerated
- ABSOLUTELY NO possession of controlled substance, weapons, firearms or contraband
- Any acts that are in violation or the Pennsylvania Crime Codes

Signature of Parent(s)/Guardian(s) and Printed Name

Date

Signature of Cadet and Printed name

Date

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What to bring and what not to bring:

PLEASE NOTE THIS LIST IS SUBJECT TO CHANGE AND FINAL DETAILS WILL BE DISCUSSED AT ORIENTATION.

BRING:

- Black ink pen
- Sleeping attire
- Sleeping bag or sheets and blanket and pillow.
Camp has beds but no bed coverings or blankets.
- Bug spray
- Swimwear: One-piece for females, shorts style for males, 1 beach towel
- Jacket or sweatshirt
- Raincoat / Rain gear
- Toothbrush, toothpaste, soap, deodorant, shampoo, mouthwash, other personal hygiene products
- Shower towels and washcloths
- Underwear (plenty for a week)
- Socks (plenty for a week)
- Tissues
- Flashlight (handheld style, no headlamps)
- Shower shoes
- Minimum of 2 pair of running shoes or athletic type of shoe (for running / exercising) (in good condition)
- **Minimum of 8 plain white t-shirts w/ last name stenciled in black permanent ink on the front and back of shirt – Done by Cadet, not using a Cricket.**
- 1 pair of long BDU pants (Army style camo pants – can be camo or solid color – any color is fine)
- Laundry Bag
- Shaving cream if shave (DO NOT BRING RAZOR)
- Foot powder
- Pony tail bands for females
- 1 newspaper (for drying shoes)
- Sun block
- Small Fan (**highly recommended**)

Don't Bring:

- Razors (we will provide to those who need them)
- Cell phones
- Laptops/tablets, iPods, etc.
- Electronic devices
- Money
- Jewelry (except medical alert)
- Watches
- Radios
- Perfume/cologne
- Make up
- Tobacco products/Vape products
- Food
- Gum
- Guns, knives, firearms, or any other type of weapons
- Anything inappropriate or illegal

Medications with instructions in original and labeled package must be given to the nursing staff upon arrival at Camp Cadet.

Camp Cadet reserves the right to hold any item that the director or one of his appointees feels inappropriate for Camp Cadet for the duration of the camp.

Please contact **Tpr. Bertha Cazy at 724-284-8100 ext. 262** if you have any questions regarding any items that are allowed or disallowed at Troop D Camp Cadet.

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Directions to Lutherlyn:

For GPS users:

500 Dick Rd, Butler, PA 16001 (Do not send correspondence to this address. The address is for Lutherlyn which is not affiliated with Troop D Camp Cadet. It is only the location in which it is held.)

From Interstate 79:

Take exit 99. Travel east on SR 422. Continue past the Butler County Fairgrounds (will be on your left). Shortly after passing the Butler County Fair Grounds make a right at the 84 Lumber store onto Dick Road. Travel approximately 1.5 miles and turn right into the Lutherlyn grounds at the Lutherlyn sign onto the paved drive. Continue straight on the paved drive until you reach a parking area and follow signs or direction of a Camp Cadet staff member.

From SR 8:

Continue to the junction of SR 8 and SR 422. Enter SR 422 and travel west on SR 422. Shortly before reaching the Butler County fairgrounds turn left at the 84 Lumber store onto Dick Rd. Travel approximately 1.5 miles and turn right into the Lutherlyn grounds at the Lutherlyn sign onto the paved drive. Continue straight on the paved drive until you reach a parking area where a Camp Cadet staff member will greet you.

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This packet of release forms is NOT an application. Please do NOT mail these release forms but instead do **complete them and bring them to orientation.**

If you have not submitted or viewed the application form, a link can be found at www.troopdcampcadet.org by clicking on the “application” link on the “apply” page.

Orientation will be held at the Brady Paul Lodge located at the Meridian Rd entrance of the on-Farm Show Grounds. (Brady Paul Ln & Meridian Rd) **June 11, 2026,** at 6 PM

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