

YOUTH ACADEMY APPLICATION INSTRUCTIONS

Please enclose all of the following in your application packet:

- ✓ Completed application physical form
 - ✓ Completed and signed Medical Authorization
 - ✓ Teacher Recommendation
 - ✓ Student Essay
 - ✓ Signed Participation Agreement and Release
 - ✓ Signed Media Release
 - ✓ Signed behavior contract
 - ✓ \$25 deposit (refunded upon completion of the Academy)
- *Incomplete applications will not be considered***

INSTRUCTIONS:

- Applications are due by May 3, 2010.
- If you are accepted, you will receive notification by June 1, 2010.
- The physical form can be obtained by your family physician. School physicals completed within the past school year will be accepted.
- Medical information must be completed to include insurance provider, policy and group number, and guardian's signature.
- At least one teacher recommendation must be attached to the application. This can be completed in normal letter format. The administrator recommendation will be completed by the Sheriff's Office.
- The student essay can be completed in handwriting and/or by computer. The essay should include the reason for wanting to participate, what the student hopes to accomplish during the week, and why the student should be considered for the Youth Academy.
- The Youth Academy may be considered for a segment of "Behind the Badge" which is a video production of the Sheriff's Office. In addition, many pictures are taken throughout the academy of students completing exercises and interacting with staff. A media release must be signed by the student and included in the application packet.
- The Sheriff's Office requires a \$25.00 deposit which will reserve a spot in the academy. This deposit will be refunded if the student is not selected for the academy or upon completion of the academy. If the student does not complete the academy for discipline or personal reasons, the deposit will not be returned.
- **If you have questions, please ask the SRO assigned to your school or call the Sheriff's School Policing Office at 410-638-3969.**



HARFORD COUNTY SHERIFF'S OFFICE YOUTH ACADEMY APPLICATION



NAME: _____ DATE OF BIRTH: _____
FIRST MIDDLE LAST MM/DD/YY

ADDRESS: _____
STREET CITY STATE ZIP

HIGH SCHOOL ATTENDING: _____ GRADE IN 2009/10: _____

CURRENT GPA: _____ DRIVER'S LICENSE #: _____

I WOULD LIKE TO ATTEND: June 21-25 or August 2-6 (Circle One).

EXISTING MEDICAL CONDITIONS:

PRESCRIPTION MEDICATIONS:

PARENT/GUARDIAN INFORMATION IN EVENT OF EMERGENCY:

FATHER/GUARDIAN: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

HOME PHONE: _____ WORK PHONE: _____

CELL: _____

MOTHER/GUARDIAN: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

HOME PHONE: _____ WORK PHONE: _____

CELL: _____

PARENT/GUARDIAN AUTHORIZATION FOR MEDICAL TREATMENT IN THE EVENT OF AN EMERGENCY. ALL EFFORTS WILL BE MADE TO CONTACT PARENT/GUARDIAN FOR AUTHORIZATION; HOWEVER, WE MUST HAVE THIS AUTHORIZATION IN THE EVENT THAT WE ARE UNABLE TO CONTACT YOU IN AN EMERGENCY SITUATION.

I _____ AUTHORIZE MEMBERS OF THE HARFORD COUNTY SHERIFF'S OFFICE TO OBTAIN TREATMENT FOR MY SON/DAUGHTER IN THE EVENT OF AN EMERGENCY.

SIGNATURE

MEDICAL INSURANCE PROVIDER: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

TEACHER/ADMINISTRATOR RECOMMENDATION:

YOU MUST GET ONE TEACHER TO WRITE A LETTER OF RECOMMENDATION FOR YOUR ADMISSION INTO THE YOUTH ACADEMY. (PLEASE ATTACH TO THIS APPLICATION). YOU MUST ALSO GET A SCHOOL ADMINISTRATOR TO SIGN THIS FORM AND CHECK THE APPROPRIATE RECOMMENDATION BLOCK. THIS **MUST BE DONE WHEN YOU TURN YOUR APPLICATION IN FOR SUBMISSION.**

RECOMMEND: _____ DO NOT RECOMMEND: _____

ADMINISTRATOR: _____
PRINT NAME

SIGNATURE

Caution: Read the following carefully and sign below. *NOTE: Parent signs if student is under 18 years.*

Participation Agreement and Release

Fill in all blanks; submit forms for current session only, bearing original signatures (photocopies or facsimiles not acceptable).

Agreement

In consideration of my participation in Harford County Sheriff's Office Youth Academy classes, events, and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of Harford County Sheriff's Youth Academy.
2. **Readiness to Participate:** I will only participate in those Harford County Sheriff's Youth Academy classes, events, and activities for which I believe I am physically and psychologically prepared.
3. **Waiver and Release:** I am fully aware of and appreciate the risks, including The risk of minor, serious, and even catastrophic injury, including paralysis and even death, as well as other damages and losses associated with participation in Harford County Sheriff's Youth Academy classes, events, and activities.

I waive and release all rights and claims for all losses or damages of any kind and character that I may have against the Harford County Sheriff's Office, the Sheriff of Harford County or his deputies, the Harford County Sheriff's Office Youth Academy, the sponsor of any Harford County Sheriff's Youth Academy event, along with the employees, agents, officers, and directors of these organizations occurring as a result of my participation in any Harford County Sheriff's Youth Academy classes, events, or activities or while traveling to or from such classes, events, or activities.

For any student who is not yet 18 years old: With the above in mind, and being fully aware of the risks and possibility of injury involved, as parent or legal guardian of _____ (**child's name**), I consent to have my child participate in the classes, events, and activities offered by Harford County Sheriff's Youth Academy. I waive and release all rights and claims for all losses or damages that I or my child may have against the Harford County Sheriff's Office, the Sheriff of Harford County or his deputies, the Harford County Sheriff's Youth Academy event, along with the employees, agents, officers, and directors of these organizations in consideration of my child's participation in Harford County Sheriff's Youth Academy classes, events, and activities.

I fully understand that the Harford County Sheriff's Youth Academy staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Harford County Sheriff's Youth Academy staff to render temporary first aid to my child in the

event of any injury or illness, and if deemed necessary by the Harford County Sheriff's Youth Academy staff to call our doctor and to seek medical help, including transportation by a Harford County Sheriff's Youth Academy staff member, to any health care facility or hospital, or the calling of an ambulance for said child should the Harford county Sheriff's Youth Academy staff deem this to be necessary.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage that I consider adequate for both my child's and my own protection.

Signature of Student _____

Printed name of Student _____

Date: ___/___/___

Signature of Parent/Guardian _____

Printed name of Parent/Guardian _____

Date: ___/___/___

IN ADDITION TO THE APPLICATION, THE APPLICANT MUST ALSO SUBMIT A COMPLETED PHYSICAL FORM, WHICH MAY BE OBTAINED FROM THE APPLICANT'S SCHOOL OR PHYSICIAN.

PHYSICAL FORMS, MAINTAINED BY THE APPLICANT'S SCHOOL, COMPLETED FOR PARTICIPATION IN INTERSCHOOL SPORTS ARE SUFFICIENT FOR THE YOUTH ACADEMY.



HARFORD COUNTY SHERIFF'S OFFICE
P.O. BOX 150
BEL AIR, MARYLAND 21014-0150
www.harfordsheriff.org

RADIO-TELEVISION FILM RELEASE

The Harford County Sheriff's Office has communicated to me its request to use my picture, pictorial record, and/or voice in connection with motion pictures, recordings, or television made by or produced by the Sheriff's Office.

I _____ hereby waive all rights and privacy which I may have either at common law or by statute and further, I hereby grant full permission to the Harford County Sheriff's Office and Harford County Government and any of its branches to use picturization and spoken material wherever and however they deem necessary.

In addition to the above, I further grant full permission to the Harford County Sheriff's Office and Harford County Government and its agents to televise and record on film or voice magnetic tape any of the visual aids I may exhibit as a part of my picturization and spoken material noted above, and to use this recorded film or video magnetic tape as may be desired by the Harford County Sheriffs Office and Harford County government and its agents.

This voluntary service will not be made the basis of a future claim against the Harford County Sheriff's Office or Harford County Government and its agents for compensation.

(Signature)

(Address)

Witness: _____

Date: _____



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RADIO, PICTURE, VIDEO & TELEVISION FILM RELEASE
PUBLICITY RELEASE STATEMENT

The Harford County Sheriff's Office has communicated to me its request to use my picture, pictorial record, and/or voice in connection with motion pictures, recordings, still pictures, video, or television made by or produced by the Harford County Sheriff's Office.

I, _____, hereby authorize the Harford County Sheriff's Office, its agents and affiliates, including but not limited to Harford County, Maryland, and the Harford County Government, to use any sound, photographs or video images taken of me for publicity of its various programs. I understand these images may be placed on public exhibition through the use of display boards and aired at public events through the media.

I understand that the Harford County Sheriff's Office will attempt to provide complete and factual information to all display and publication sources, however, I acknowledge that errors may arise because of unintentional misquotes, misinformation, or the editing process.

I acknowledge that I am granting Harford County Sheriff's Office free use of the sound, photographs or video images and I agree to release the Harford County Sheriff's Office, its agents and affiliates, including but not limited to Harford County, Maryland and the Harford County Government, from any liability that may arise because of their use.

I do not authorize the use or release of my name or photograph.

Name (Please Print) Date

Witness - Must be at least 18 years of age Date