



Pennsylvania American Legion - State Police Youth Week Camp
Sponsored by
The Pennsylvania American Legion
And
The Pennsylvania State Police



JUNE 7-13, 2015

ELIGIBILITY

This is a premiere camp for young men and women, and as such, potential Cadets, male or female must be between the ages of 15 yoa and 17 yoa, prior to entering the camp and not have turned 18 before or during camp. The Post or District Commander, or his/her representative will interview each Cadet nominated to select candidates and their alternates. Cadets must be in good health, with no physical deficiencies, have an average or above average standing in their class, and express a personal interest in either law enforcement or military service. Applicants are chosen until the camp is full. Those who had applied the previous year and were not selected because of the large number of applicants will be considered first as long as they still meet the requirements. **Students who previously attended SPYW are not eligible to attend again as a cadet.**

The program is not a recreational camp nor is it a disciplinary camp for problem youths; it is a physical, mental, and rigorous training camp. Please encourage them to attend, however, if their desire is to not attend, do not force them since this will only hamper our efforts.

TRAINING

Cadets participate in a wide variety of instructional sessions with the state police, and National Guard. They will learn how to work as a team, be taught self-discipline, self-esteem, and leadership just to name a few. Remember these are the future leaders of the Commonwealth and the Nation. There will be classes in Pennsylvania Vehicle and Crime Codes, forensic sciences, radar, riot control, tactical drug operation through the use of specially trained dogs, weapon firing, and other police and military related activities. Recreational activities will be scheduled as time permits.

SPONSORSHIP

Applications are to be taken to your local American Legion Post, District, Auxiliary Unit, or any civic group who may sponsor you and pay the \$150 fee. To obtain sponsorship from your local American Legion Post you must forward the post your completed application at least one month prior to May 30th, to give some posts time to vote on the sponsorship request at their monthly meetings.

BEFORE SENDING IN APPLICATION MAKE SURE OF THE FOLLOWING:

1. COMPLETED APPLICATION—ALL 3 PAGES FILLED OUT AND SIGNED.
 - A. MEDICAL FORM SIGNED BY PHYSICIAN NO EARLIER THAN MARCH 1ST OF 2015.
 - B. DEADLINE TO SUMBIT APPLICATIONS TO POST 5/22/2015**
2. COPY OF MEDICAL INSURANCE CARD ATTACHED
3. SMALL PICTURE ATTACHCED.

MAIL ALL OF THE ABOVE TO THE SPONSORING LEGION POST, ATTN: POST ADJUTANT

LEGION POSTS

Please mail the completed application and check for the tutuition fee in the amount of **\$150.00** (made payable to PA American Legion), to Pennsylvania American Legion, attn: Pennsylvania American Legion-State Police Youth Week Camp, PO Box 2324, Harrisburg, Pa. 17105-2324.

DEADLINE TO SUBMIT TO HQ 5/31/2015

APPLICATION

FOR OFFICE USE:

Check #: _____

From: _____

Received: _____

Please Type or Print Legibly

Application must be returned no later than May 22, 2015.

Name: _____ Gender: _____
Last First MI

Address: _____
Street/Road City State Zip

Date of Birth: ____/____/____ Age _____ Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

School Grade Completed June 2015 _____

Telephone (____)-____-____ E-Mail: _____
Letter of confirmation will be emailed

School Name: _____ Shirt Size: _____

Sponsoring Organization: _____ Post # _____ District _____

Post/Organization Contact Person: _____ Phone: (____)-____-____

Applicant's Signature Date
 Have you applied to Youth Week Camp before? ☐ YES ☐ NO Have applied in the past but was never accepted? ☐ YES ☐ NO

PARENT / GUARDIAN RELEASE and PERMISSION to PHOTOGRAPH

In consideration of instruction and training to be given to _____ (son/daughter) as a citizen of The Pennsylvania American Legion-State Police Youth Week Camp to be held June 7-13, 2015, at York College of Pennsylvania, York, Pennsylvania. I hereby give consent for him/her to participate fully in all planned activities, as well as participate in any field trip, which might be scheduled as part of the program.

We release and discharge the Pennsylvania American Legion-State Police Youth Week Camp, its officers, staff and counselors from any and all claims, demands, damages, suits, actions, or causes of action which we may, can or shall have by _____ (son/daughter) while in attendance at the Pennsylvania American Legion-State Police Youth Week Camp no matter how caused or occasioned, including travel to and from home to camp.

It is further understood that the program is physically and mentally challenging, requiring that they be physically fit and in good academic standing and said son/daughter does not require individual or special attention and that he/she will participate in all phases of the program.

☐ I give permission ☐ I do not give permission for _____ to be photographed, videotaped and or interviewed during participation in the Pennsylvania American Legion-State Police Youth Week Camp Program June 7-13, 2015. I understand the photos, video tape and or interview will be used by the Pennsylvania American Legion to promote the program in future years. If no box is checked we assume that you give permission for photos, video, interviews.

A RECENT PHOTOGRAPH OF THE APPLICANT MUST BE ATTACHED TO THE APPLICATION.

Signature of Parent / Guardian Date

MEDICAL FORM

Applicants Name: _____
 Last First MI
 Address: _____
 Street City State Zip Code

PHYSICIAN'S EVALUATION AND EMERGENCY MEDICAL INFORMATION

IMMUNIZATIONS: The last year shots were administered

Tetanus _____ Diphtheria _____ Polio _____

- ☐ Allergy to a medicine ☐ Allergy to a food ☐ Allergy to a plant ☐ Allergy to insect bites ☐ Epilepsy ☐ Lung condition
☐ Hepatitis ☐ High Blood Pressure ☐ Asthma ☐ Convulsions ☐ Heart condition ☐ Diabetes ☐ Fainting Spells
☐ Bleeding Disorders ☐ Hypertension ☐ Other

Explain _____

Medicine: My child may receive, if needed: ___ Tylenol ___ Tums ___ Advil ___ Triple Antibiotic Ointment ___ Caladryl
 ___ Benadryl or Benadryl Cream _____ (Parent or Guardian please Initial)

Does applicant take medicine daily or have special care? ☐ No ☐ Yes

If yes, please explain and list all prescription drugs: _____

Is there any health related information that the staff should be aware of? _____

Approved for participation in: ☐ Water activities ☐ Competitive sports ☐ Other activities ☐ Rigorous exercise

Specify exceptions: _____

Signed _____ Date _____
 (Physician) (No Earlier than March 1ST)

NOTE

The medical/emergency form must be completed, signed, and dated by a physician, the parent(s) or guardian(s) NO EARLIER THAN MARCH 1. If the form is not dated within the specified period, your child may not be accepted into the program.

EMERGENCY NOTIFICATION:

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Personal Physician: _____ Phone: _____

PARENTAL CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES:

This will certify that we (I), the undersigned parent(s) or guardian(s) of _____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 an 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 Pennsylvania American Legion-State Police Youth Week Camp, its officers, agents, instructors and employees 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 incurred or suffered by said son/daughter while traveling to, attendance at or participation in the Pennsylvania American Legion - State Police Youth Week Camp from the time of his/hers departure from home until his/hers return thereto.

Note: There are no special diet facilities.

Print name of Father or Guardian

Print name of Mother or Guardian

Signature of Father or Guardian Date

Signature of Mother or Guardian Date

Street City State Zip Code

Alternate Contact Person: Phone #: _____

Relationship: _____

NOTE

The Emergency Notification form must be signed by the father, mother or guardian(s), and attached to the Medical form.

There are times when a medical emergency may occur and medical service is required or prescriptions need to be filled, to speed the process along. PLEASE ATTACH A LEGIBLE PHOTO COPY OF ALL HEALTH/PRESCRIPTIONS CARDS TO THE REAR OF THIS FORM.

- As a requirement for your child to be accepted into the program all the forms MUST BE FILLED OUT COMPLETELY and returned with the required attachments.
- No application will be processed without the appropriate fee or medical form
- For more information, please call The Department of Pennsylvania American Legion, (717) 730-9100