



## Pennsylvania American Legion - State Police Youth Week Camp

Sponsored by the Pennsylvania American Legion  
Pennsylvania State Police and the National Guard



**JUNE 10-16, 2018**

### ELIGIBILITY

This is a premiere camp for young men and women, and, as such, potential Cadets must be between the ages of 15 and 17 prior to entering the camp on June 10th. 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.**

**This program is not a recreational camp nor is it a disciplinary camp for problem youths.** It is a rigorous camp that will test your physical and mental capabilities. Please encourage your student to attend. However, if their desire is to not attend, do not force them since this will only hamper our efforts to host the best camp possible.

### 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 and be taught self-discipline, self-esteem, and leadership. Remember, these are the future leaders of the Commonwealth and the Nation. Cadets will learn about and get hands-on exposure to military discipline and both military and law enforcement service. 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 \$175 fee. **To obtain sponsorship from your local American Legion Post you must forward the post your completed application BY MAY 15<sup>TH</sup>**, 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 COMPLETED AND SIGNED.
  - A. MEDICAL FORM SIGNED BY PHYSICIAN NO EARLIER THAN FEBRUARY 1st OF CURRENT YEAR.
  - B. COPY OF MEDICAL INSURANCE CARD ATTACHED.
  - C. SMALL PICTURE ATTACHED.

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

**DEADLINE TO SUBMIT APPLICATIONS TO SPONSORING POST IS MAY 15, 2018.**

### DIRECTIONS FOR LEGION POSTS

Please mail the completed application and check for the tuition fee in the amount of \$175.00 (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 ALL REQUIRED DOCUMENTS TO LEGION HEADQUARTERS IS MAY 31, 2018**

## APPLICATION

Please Type or Print Legibly

Application must be returned no later than May 15, 2018 to sponsoring Legion Post.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_

Address: \_\_\_\_\_  
Street/Road City State Zip

School Grade Completed June 2018 \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Telephone (\_\_\_\_)-\_\_\_\_-\_\_\_\_ E-Mail: \_\_\_\_\_

**WELCOME PACKET** will be emailed-- check inbox & spam folders

School Name: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Post # \_\_\_\_\_ District \_\_\_\_\_

Post/Organization Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Have you applied before? ☐ YES ☐ NO Have applied in the past but was never accepted? ☐ YES ☐ NO

### PARENT / GUARDIAN RELEASE and PERMISSION to PHOTOGRAPH, VIDEO TAPE AND OR INTERVIEWED

In consideration of instruction and training to be given to \_\_\_\_\_ (son/daughter) as a citizen of The Pennsylvania American Legion-State Police-National Guard Youth Week Camp to be held June 10-16, 2018, 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-National Guard 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-National Guard 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, video taped and or interviewed during participation in the Pennsylvania American Legion-State Police-National Guard Youth Week Camp Program June 10-16, 2018. I understand the photos, video tape and or interview will be used by the Pennsylvania American Legion to promote the program in future years.

**A RECENT LEGIBLE 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 \_\_\_\_\_ MMR \_\_\_\_\_ Pertussis \_\_\_\_\_

☐ 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)

**PLEASE ATTACH A COPY OF STUDENT'S CURRENT HEALTH INSURANCE CARD**

**The medical form must be completed, signed, and dated by a physician, and returned NO EARLIER THAN FEBRUARY 1<sup>ST</sup> of current year. If the form is not returned 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-National Guard 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- National Guard Youth Week Camp from the time of his/hers departure from home until his/hers return thereto.

\_\_\_\_\_  
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: \_\_\_\_\_

**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 forms, photo, or health insurance card.**
- **For more information, please call The Department of Pennsylvania American Legion, (717) 730-9100**
- **THERE ARE NO SPECIAL DIET FACILITIES**