



## **Elmer Hafer-American Legion-State Police-National Guard Youth Camp**

Sponsored by: Pennsylvania American Legion

Pennsylvania State Police and Pennsylvania National Guard

JUNE 11- 17, 2023

### **General Requirements**

This is a premiere camp for young men and women. Applicants must be a resident of Pennsylvania between the ages of 15 and 17 and cannot have reached their 18th birthday prior to or during camp. The Post or District Commander, or his/her representative will interview each applicant nominated, to select candidates and their alternates. Applicants 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 has reached its maximum goal.

- **Cadets who previously attended are not eligible to re-apply.**

**The camp is not a recreational camp or a disciplinary camp for problem youths;** it is a rigorous camp that will test both their 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.

- **Students should begin Hydration at least one week prior to arrival at camp.**

### **Training**

Cadets participate in a wide variety of instructional sessions with the State Police, and National Guard. They will learn to work as a team, be taught self-discipline, self-esteem, and leadership, and receive hands-on exposure to military discipline along with familiarization with military and law enforcement services, just to name a few. 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 that may sponsor you and pay the \$175.00 fee. **To obtain sponsorship from your local American Legion Post you must forward the post your completed application by May 15th**, to give the posts time to vote on the sponsorship request at their monthly meetings.

**Before sending in your application, be sure of the following:**

- All 3 pages are completed and signed.
- Medical form - signed by a physician no earlier than February 1st of the current year.
- Copy of Medical Insurance Card(s) attached.
- Recent small photograph must be attached.
- **Mail all of the above to the sponsoring Legion Post, attn: Post Adjutant**

- **The deadline to submit applications to the sponsoring post is May 15, 2023**

### **Instructions 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: Elmer Hafer-American Legion-State Police National Guard Youth Camp, PO Box 2324, Harrisburg, Pa. 17105-2324.

- **The deadline to submit ALL required documents to Legion Headquarters is May 31, 2023**

# APPLICATION

## Print Legibly or Type

The application must be returned TO YOUR LOCAL LEGION POST no later than May 15, 2023

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 2022 \_\_\_\_\_

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

**Welcome Packet** will be e-mailed - check inbox & spam folders

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

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

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

Applicant's Signature

Date

Have you applied for Youth Camp before? ☐ YES ☐ NO Have you applied in the past but never accepted? ☐ YES ☐ NO  
Are you a Certified lifeguard? ☐ YES ☐ NO, if yes please attach a photocopy of your current certification with the application

### **PARENT / GUARDIAN RELEASE and PERMISSION to PHOTOGRAPH, VIDEOTAPE, AND OR INTERVIEWED**

In consideration of instruction and training to be given to \_\_\_\_\_ (son/daughter) as a cadet of the Elmer Hafer-American Legion-State Police-National Guard Youth Camp to be held June 11-17, 2023, at Messiah University of Pennsylvania, Mechanicsburg, 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 Elmer Hafer-American Legion-State Police-National Guard Youth 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 Elmer Hafer-American Legion-State Police-National Guard Youth Camp no matter how caused or occasioned.

It is further understood that the program is physically and mentally challenging requiring that said son/daughter be physically fit, in good academic standing, 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 Elmer Hafer-American Legion-State Police-National Guard Youth Camp Program June 11-17, 2023. I understand the photos, videotape, 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 - To be completed by Parent/Guardian & Physician

**Applicants Name:** \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
Street City State Zip Code

Medicine: **Parent or Guardian please initial all that apply**

\_\_\_ Tylenol \_\_\_ Tums \_\_\_ Advil \_\_\_ Triple Antibiotic Ointment \_\_\_ Caladryl \_\_\_ Benadryl

Does the 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? \_\_\_\_\_

\_\_\_\_\_

## 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 \_\_\_\_\_

\_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Approved for participation in Water activities ☐ Competitive sports ☐ other activities ☐ Rigorous exercise

Specify exceptions: \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_  
(Physician) Date

➤ PLEASE ATTACH A PHOTOCOPY OF CADET'S CURRENT HEALTH INSURANCE CARD

**The Medical Form must be completed, signed, and dated by a physician, and returned NO EARLIER THAN February 1ST OF THE CURRENT YEAR. If the form is not returned before the deadline, 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 Elmer Hafer-American Legion-State Police-National Guard Youth 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 Elmer Hafer- American Legion-State Police-National Guard Youth 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

## Alternate Contact Person:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street City State Zip Code

Relationship: \_\_\_\_\_ Telephone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

## REMINDER

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

**There may be a time when a medical emergency may occur and medical service is required or prescriptions need to be filled, to prevent any delay in the process, please attach a legible photocopy of all health/prescription 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, at (717) 730-9100**