

MADISON COUNTY SHERIFF'S OFFICE

2017 YOUTH POLICE ACADEMY APPLICATION

Individuals participating in this academy must be between the ages of 11 and 15 and must reside in the Triad School District.



This program is being hosted by Sheriff John D. Lakin.

Deputies from the Madison County Sheriff's Office coordinated the curriculum of this youth police program. Please read this application packet thoroughly and return it completed, with the application fee (\$40.00 make checks payable to "Youth Academy"), no later than May 1, 2017.



Madison County Sheriff's Office

This registration request is for the 2017 Youth Police Academy scheduled from June 5-9, 2017.

Instructions are as follows:

1. One (1) registration form per applicant.
2. Please print.
3. Must be completed in its entirety by a parent or legal guardian.
4. Selection for participation will be on a "first come first serve" basis.
5. Payment must be submitted with the completed registration. (\$40.00)

Participant Information

Please identify which Madison County School this child attends. If child is homeschooled please enter address where schooled: _____

Participant's Name: _____ Age: _____

Nickname: _____ Date of Birth: ____/____/____ Sex: M F

Address: _____ Apt: _____

City: _____ Zip: _____ Home Phone: _____

Height: _____ Weight: _____ Color of Hair: _____ Color of Eyes: _____

Adult Size T-Shirt: Small Medium Large Extra Large

Parent or Guardian Information

Name: _____ Relationship: _____

Address: _____

City: _____ Zip: _____ Apartment #: _____

Phones: Home: _____ Work: _____ Mobile: _____

Emergency Contact Information

Please give the name, address, and phone number of two (2) adults that may be notified in case of emergency or illness if a parents or guardian is NOT available. These people should live in Madison County. Please provide a phone number that these individuals can be reached during academy hours.

1. Name: _____ Phone : _____

Address: _____ Relationship: _____

2. Name: _____ Phone : _____

Address: _____ Relationship: _____

PARTICIPANT'S MEDICAL AND PHYSICIAN INFORMATION

Physician's Name: _____ Phone: _____

Please list name of your major medical health insurance company: _____

Is the academy participant covered under this company? YES NO

List any medications the participant is currently taking: _____

Will the participant require the administration of medication during camp? YES NO

If yes, please list medication: _____

Does the participant have any known allergies? YES NO

If yes, please list: _____

Does the participants have ANY of the following medical conditions?

Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Epilepsy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hyperactivity	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heart Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Respiratory problems	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Does the participant have ANY OTHER medical conditions (not listed above)? If yes please describe: _____

If the applicant taking any medication for any above listed conditions?

If yes please list: _____

Please provide dosage _____, when taken _____, prescribing doctor _____,

Prescribing doctors phone number _____

FAMILY DENTIST: _____ PHONE: _____

The Madison County Sheriff's Office, its' agents, and its employees, are hereby granted permission to secure such medical aid and hospital services that the staff feel necessary for the person noted in this medical release form. If he/she were to sustain an injury or illness during the youth academy, I have indicated ALL health concerns and medical information the academy staff should be aware of regarding the above stated academy participant. **PLEASE ATTACH A COPY OF PARTICIPANTS HEALTH INSURANCE CARD.**

Signature of Parent/Guardian

Date

GENERAL WAIVER AND PHOTOGRAPH RELEASE

I, _____, PARENT OR LEGAL

GUARDIAN OF _____, will hold the Madison County Sheriff's Office, the Madison County Government/Government Center, including all employees and agents, harmless and NOT liable for any property damage, and/or bodily injury (including death), which may result from my participation in the 2017 Youth Police Academy. I also agree to indemnify the entities listed above from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities (including attorney fees brought as a result of involvement in the academy).

Additionally, I DO or DO NOT hereby grant to the Madison County Sheriff's Office my absolute and unconditional permission to use, without charge, any and all photographs, video footage, or other liked kinds of imagery taken during the youth academy, of myself/my academy participant. I understand that my name or the name of my academy participant may be included with the image utilized.

The intent of this release is not to sell or publicize images of the parents or children attending this academy. It is intended to make you aware that these images may appear with others or in groups on brochures, internal publications, or press releases promoting Madison County Sheriff's Office programs.

Date: _____
Printed name

Signature

Address

Signed in the presence of:

Date: _____
Witness

ACKNOWLEDGE FOR RECEIPT OF HANDBOOK

By signing below I acknowledge that I have received a copy of the Sheriff's Office 2017 Youth Police Academy Handbook and I also agree to the rules set forth in the handbook.

Youth Signature: _____

Parent/ Guardian signature: _____

PERSONS AUTHORIZED TO PICK UP ACADEMY PARTICIPANT

1. Name: _____ Phone : _____

Address: _____ Relationship: _____

2. Name: _____ Phone : _____

Address: _____ Relationship: _____

3. Name: _____ Phone : _____

Address: _____ Relationship: _____

ANY SPECIAL REQUIREMENTS OR REQUESTS SHOULD BE NOTED HERE:

NOTE: This form can be updated at ANY time during the academy.

JOHN D. LAKIN
SHERIFF



OFFICE OF THE SHERIFF
MADISON COUNTY, ILLINOIS
405 Randle Street
Edwardsville, Illinois 62025

Administration: (618) 692-6087
Investigation: (618) 692-0871
County Jail: (618) 692-1064
Emergency: (618) 692-4433
Fax: (618) 656-1210

2017 YOUTH POLICE ACADEMY HANDBOOK

GENERAL PURPOSE: As part of the Madison County Sheriff's Office's ongoing commitment to youth, this week long program has been developed consisting of indoor and outdoor activities. The goal of the 2017 Youth Police Academy is to promote law enforcement knowledge, team building, and good decision making.

HOURS OF OPERATION: Sessions begin at 8:00a.m. and end by 4:00p.m. The Madison County Sheriff's Office will have staff on hand from 7:30a.m. to 4:30p.m. Please make sure your child is dropped off no earlier than 7:30 and picked up no later than 4:30.

ATTENDANCE: Participants must be able to attend all five (5) days of the academy.

COST: The cost of the camp is \$40.00. No refunds will be given. There is a \$25.00 fee for all returned checks. Checks can be made payable to Youth Academy.

STAFF: Our staff consists of core certified law enforcement professionals specifically trained through the Illinois School Resource Officers Association and the National Association of School Resource Officers.

LUNCH AND SNACKS: Unless otherwise directed kids will be required to bring a sack lunch.

SPECIAL REQUIREMENTS: If there are any special requirements, they are to be identified in the academy registration packet.

DRESS CODE: Good personal appearance, appropriate dress, proper behavior and cleanliness are vital to each academy member.

1. Comfortable clothing is necessary for daily activities. Therefore, an official academy t-shirt will be provided.
2. Official academy t-shirts must be worn every day.
3. Tennis shoes.
4. Clothing shall be free from words, slogans or pictures that advertise drugs, sex or alcohol. Clothing will not contain vulgar or offensive writing, racial slurs, suggestive pictures or emblems that refer to membership in gangs.
5. Shorts must comply with school dress code.

SUPPLIES: Participants are required to bring a notebook and pen/pencil to the academy every day.

TRANSPORTATION: It is the responsibility of the parent/guardian to transport the participant to and from the academy. Should the academy require transportation to certain events during the academy, busses will be used.

MEDICATION: If a child is to receive medication while at the academy, this requirement **MUST** be noted in the registration packet.

ACCIDENT AND ILLNESS: If a child is injured during the academy, basic first aid will be provided. If a child requires basic first aid the parent/guardian will be notified upon pick up of the child. In the event of an emergency, actions will be taken as academy personnel see fit. Parents, or one off the Emergency Contacts listed, will be contacted. If an emergency occurs and an ambulance is called, it will be at the parent/guardian's expense.

If your child shows signs of illness, your child **SHOULD NOT** be sent to the academy. If a child becomes ill while attending the academy, a parent or emergency contact will be notified.

SIGN IN/OUT: A daily attendance log **MUST** be kept on all children that participate in the academy. Parents/guardians are to walk their child in and sign them in daily. Parents/Guardians are also required to walk in and sign their child out.

DISCIPLINE: Discipline is a joint effort between the staff and child, with the assistance of the parent. Specific rules of behavior are explained on Monday morning. For violations of rules, or for other sufficient reasons, the children will be removed from the program.

Madison County Sheriff's Office staff will have the final say.

SITE EMERGENCY: In the event of an emergency or natural disaster the following procedures will be in effect:

1. Children will remain at the sight until a parent or other authorized person can pick them up.
2. In the event of site evacuation. Children will be taken to a local emergency shelter. The location will be posted on the facility door. Efforts will be made to contact parents/guardians if an evacuation is necessary.
3. Youth academy staff will remain with the children until they are picked up.
4. Private vehicles will **NOT** transport the children for any reason.

USE OF ELECTRONIC DEVICES PROHIBITED: The children attending this academy are expected to actively participate and interact with their fellow classmates and the Sheriff's Office employees. Therefore, the possession of personal electronic devices is allowed, however, use, other than for an emergency, is prohibited.

GRADUATION: Graduation will take place June 9, 2017 from 6:00p.m. to 7:30p.m. and will be held in the lower level of Tri-Township Park Office. Dinner will be served. Participants are free, however, additional guests are \$10.00 each.

Graduation location address:
409 Collinsville Road
Troy, Illinois 62294

CONTACT INFORMATION FOR YOUTH POLICE ACADEMY STAFF WILL BE SUPPLIED ONCE THE PARTICIPATION LIST HAS BEEN FINALIZED.