

# MADISON COUNTY SHERIFF'S OFFICE

## 2018 YOUTH POLICE ACADEMY APPLICATION

Individuals participating in this academy must be between the ages of 11 and 16 and must reside in the Alton 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, 2018.



## Madison County Sheriff's Office

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This registration request is for the 2018 Youth Police Academy scheduled from June 4-8, 2018.

### 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: \_\_\_\_\_ Email: \_\_\_\_\_

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 2018 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 2018 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:**

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