

Suffolk Youth Public Safety Academy
Application and Release

Youth's Name: _____

Address: _____
Street Address City State Zip

Home Phone: _____ Date of Birth: _____ Grade: _____ Gender: M or F

Shirt Size (Adult) _____ Pant Size _____ Inseam _____ Mother's Name: _____

Father's Name: _____ Parent Cell Phone: _____ Child resides with: _____

School Attended: _____ Medical Conditions: _____

Medications Currently Being Taken: _____

In case of any emergency, and we cannot contact you, please list two people other than yourself that we may contact.

Name: _____ Phone/Cell: _____

Name: _____ Phone/Cell: _____

The local hospitals require the following information to treat your child in case of emergency:

Insurance Co. _____ Policy# _____

Name of Insured _____

Name of personal physician _____ Phone _____

Any Allergies? If yes, please list _____

Any recent illnesses? Please explain: _____

Current Medications? _____

List two (2) individuals that have permission to pick up your child.

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____

NOTE: If your child is to be picked up by a person other than anyone listed above, we MUST have signed written instructions from the parent/guardian.

Please list any reasons which cause this child to be at risk. These can include such things as single parent home, early involvement with police, learning disabilities, difficulty in school etc:

This constitutes our application and consent that the above named minor participates in the recreation programs sponsored by the Suffolk Department of Fire & Rescue and Suffolk Police Department. We understand and acknowledge that recreational programs may involve risk of injury to participants, including injury from bodily contact with other participants and/or other risks inherent in the activity, and that the City has no medical insurance or coverage for injuries resulting from such recreational activity. The undersigned further agrees that the City will not be held responsible for any such accidental injuries, not involving the fault or negligence of the City. Please be advised that all participants involved in any department programs or special events are subject to being photographed or video recorded. Such photographs or video recordings may be used by the City of Suffolk without an obligation to provide compensation to those photographed or video recorded.

If immediate contact cannot be made for any emergency medical care, we authorize and consent to such emergency medical care and treatment prescribed by a fire medic or duly licensed physician as the physician deem advisable, and the undersigned will be responsible for any such medical care or treatment rendered. I also authorize my child's school to release my child to a member of the City of Suffolk Department of Parks and Recreation for the purpose of transporting my child to the program each week.

DATE: _____ (Parent or Guardian)

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Please include an e mail address the Mentors can send information pertinent to schedule changes, location changes, class trips, etc. If you do not have an e mail address, leave blank. Information will be sent home with the Participant. E Mail: _____

Has the Applicant attended a previous Suffolk Youth Public Safety Academy? ___ Yes ___ No

Applicant: In your own words, tell us in approximately 100 words why you would like to be chosen to be a participant in the Suffolk Public Safety Youth Academy: **(If left blank, this will automatically remove the applicant from the process, please write legibly and do not use abbreviations)**

Applicant Signature: _____

****Parent /Guardian. We need your permission to interview the participant while attending school. Some School administrators may require your signature in order for the Mentors to conduct an in school interview. The mentor’s will meet with each applicant for a short interview asking why they would like to attend the Youth Academy. Please Sign below.**

Parent/Guardian Signature: _____

Rules for Attendance

1. **Dress in appropriate attire.** The Youth Public Safety Academy is held in various public safety buildings throughout the city. These are professional environments. All academy participants are expected to demonstrate a professional appearance, attitude, and professional behavior at all times. No excessively baggy or tight attire will be permitted. Pants must be worn securely around the waist line. We will provide you with a uniform polo shirt.
2. **No horseplay.** You are around heavy and/or dangerous equipment where horseplay can get you seriously injured. Horseplay will not be tolerated.
3. **Respect your leaders and instructors.** They are here to help guide you through the academy. Disrespect or rude behavior will not be tolerated.
4. **If you have a cell phone, turn it off.** Class will not be disrupted by cell phone use. No other electronics use such as MP 3 players, iPods will be tolerated. If you bring one and we see you with it, staff will take it for the rest of the night.
5. **Raise your hand with questions.** This is a learning environment and speaking out of turn can disrupt the rest of the students.
6. **Attendance is mandatory.** If you miss over three (3) classes, unexcused, you will not be allowed to continue to participate in the program. A note is required from a parent or guardian for any absences. And must be turned in on the next scheduled class.
7. There will be certain days where you will be requested to wear or bring different clothes. This is due to the type of activity you will be doing that day. Please follow directions regarding clothing as you may not be allowed to participate in an activity if you are not dressed as instructed by your leaders.
8. **If you have involvement with the police** during the course of the class, no matter how minor, you must report it to a staff member immediately.
9. **Profanity or obscene language bullying or sexual harassment will not be tolerated.** Participants shall not engage in conduct that is or is intended to be disruptive of any academy activity or is dangerous to the health or safety of participants or others.

10. **Participants will maintain their attendance** at the school they are assigned to, and will work very hard to achieve, minimally, a passing grade in all subjects.
11. **Suspension**, in the event you are suspended from school you must notify the academy staff. Suspension cause will be evaluated on a case by case basis however a suspension could result your removal from the academy
12. **Participants should expect to have fun and learn something new each session.**

Bus Rules

1. Report to the parent pick up location at your school immediately after school. Buses may be delayed since they are picking up students from other schools prior to getting to your school.
2. Wait for and board the City of Suffolk Parks and Recreation vehicle in a quiet and orderly manner. The Parks and Recreation bus may be a white van with green writing.
3. Remain seated on the Parks and Recreation vehicle at all times.
4. Cooperate with and respect the driver.