



2017 YOUTH POLICE ACADEMY

REQUIREMENTS AND EXPECTATIONS FOR CADETS

1. Students between 13 and 17 years of age are eligible to apply. Cadets will be selected from participating Boroughs. Applicants are required to get a recommendation from a teacher, coach, scout leader or other adult who knows them in an official capacity.
2. The Youth Police Academy (YPA) will run for 8 consecutive weeks. Sessions will be held starting on Thursday March 2nd 2017, from 6:00 to 9:00 PM at the Clifton Heights Municipal Building (30 S. Springfield Rd., Clifton Heights, PA 19018). Some sessions may be relocated due to renovations of the Municipal Building. All participants will be notified of any changes as soon as possible. Parking will be available at all locations. Parents are welcome to remain and observe the sessions or to drop off and pick up cadets. There will be a graduation ceremony at the end of the program. Cadets will be advised of the date, time and location of the event. Parents and guests are invited. Other regional academies may also participate in the graduation ceremony.
3. Cadets are expected to make every effort to attend all sessions. When possible, cadets should have their parent or guardian contact YPA staff if the cadet cannot attend a session. Cadets who miss more than 3 sessions may be required to complete "make-up" assignments. Cadets with more than three missed sessions may not be awarded a Certificate at the end of the program. YPA staff will review all cases on an individual basis. Cadets who do not complete the program will be offered an opportunity to repeat the YPA in a future year.
4. Due to the type of material covered and the activities planned, cadets are expected to act in a mature and responsible manner. Cadets who commit serious infractions or who repeatedly make poor decisions may be asked to leave the program.
5. Cadets are expected to arrive on time for all sessions and to wear their uniform or other appropriate clothing. Cadet uniforms will consist of an issued YPA shirt, clean and neat trousers and appropriate footwear. Cadets will be participating in physical activities and should select trousers and footwear accordingly. Profane, obscene, offensive or drug related messages will not be allowed. Cadets may be asked to leave a session due to inappropriate clothing.
6. Cadets will participate in physical activities including physical fitness and exercise as well as marching and drill. Cadets who cannot participate in any of these activities should have their parent or guardian contact the YPA staff at the start of the program so that appropriate arrangements can be made.
7. Handouts and note taking materials will be provided. Cadets may be required to complete reading or other assignments prior to some sessions. Audio and/or video recording any session is not permitted without the permission of the YPA staff.

Southeastern Delaware County REGIONAL YOUTH POLICE ACADEMY 2017 CADET APPLICATION

This form **MUST** be completed in full and signed (in ink) on the following page in order for your child to participate. Incomplete applications will not be accepted. Applications are due by **February 19, 2017**. **Please return all applications to your Borough Municipal Building.**

TO BE COMPLETED BY PARENT/GUARDIAN:

FIRST NAME OF APPLICANT	MIDDLE NAME	LAST NAME	
STREET ADDRESS			
CITY		STATE	ZIP CODE
DATE OF BIRTH	CURRENT AGE	GRADE	GENDER
SCHOOL ATTENDED		SHIRT SIZE	YOUTH ADULT
		S M L XL 2XL 3XL	
PARENT/GUARDIAN'S NAME	CELL PHONE NUMBER	EMAIL ADDRESS	
ADDITIONAL EMERGENCY CONTACT	CELL PHONE NUMBER	EMAIL ADDRESS	
ADDITIONAL CHILD(REN) WHO WILL BE ATTENDING (YOU MUST SUBMIT AN APPLICATION FOR EACH CHILD):			
DOES YOUR CADET HAVE ANY ALLERGIES?		DOES YOUR CADET HAVE ANY PHYSICAL LIMITATIONS?	

TO BE COMPLETED BY APPLICANT:

TELL US BRIEFLY WHY YOU WANT TO ATTEND THE YOUTH POLICE ACADEMY:

RECOMMENDATION BY AN ADULT WHO KNOWS THE APPLICANT IN AN OFFICIAL CAPACITY:

MY RELATIONSHIP TO THE APPLICANT (TEACHER, COACH, SCOUTMASTER, ETC):	NUMBER OF YEARS I HAVE KNOWN THE APPLICANT:

AFTER REVIEWING THE REQUIREMENTS AND EXPECTATIONS FOR CADETS, I FEEL THAT THIS APPLICANT IS A GOOD CANDIDATE FOR THE REGIONAL YOUTH POLICE ACADEMY. PLEASE FEEL FREE TO ATTACH ANY ADDITIONAL REMARKS OR DOCUMENTS.

SIGNATURE
PRINTED NAME
DATE

PERMISSION OF PARENT OR GUARDIAN:

(Please Print) I, _____ am the Parent/Guardian of (Please Print Child's Full Name) _____ (hereinafter referred to as the CHILD).

I am over eighteen (18) years of age and reside at (Print Your Address) _____

I hereby give my permission and authorize my CHILD to participate in the Youth Police Academy, which may include classroom instruction, field trips, recreational events and physical activities. In consideration of my CHILD's opportunity to participate in the Youth Police Academy, I hereby release and forever discharge and shall hold harmless and indemnify the Aldan, Clifton Heights, East Lansdowne, Lansdowne and Yeadon Borough Police Departments, the Boroughs of Aldan, Clifton Heights, East Lansdowne, Lansdowne and Yeadon and their agents, servants and employees (collectively hereinafter referred to as the BOROUGH) from all actions, causes of actions, suits, debts, sums of money, accounts, damages, judgments, claims and demands whatsoever which I or my CHILD, or our heirs, executors, administrators, successors and assigns may have now or in the future against the BOROUGH which may arise out of my Child's participation in the Youth Police Academy including, but not limited to the aforementioned activities and any acts related thereto.

Parent / Guardian You MUST Sign Your Name in Ink on the Line Below (Application will not be accepted if not accompanied by Parent/Guardian signature)

Please sign in ink _____ Print name: _____

Parent's email address: _____

CERTIFICATION AND RELEASE OF INFORMATION AND PHOTO:

I certify that all statements made on this application are true to the best of my knowledge and are made in good faith. I understand that I may not be considered for the Youth Academy if it is found that the information on this application is false. I can supply information that will prove entries on this application are true. I understand that a strict code of conduct will be adhered to while attending the Southeastern Delaware County Regional Youth Police Academy.

I hereby authorize any representative of the Borough Police Department bearing this release to obtain information pertaining to my personal background including, but not limited to academic and athletic achievement, attendance, and any other records that may be requested by such employee.

This release is executed with the full knowledge and understanding that the information is for the official and confidential use of the Southeastern Delaware County Regional Youth Police Academy.

The undersigned give permission to the Regional Southeastern Delaware County Youth Police Academy for the use and display of his/her or their child's photograph in publications, displays, websites and advertisements.

The undersigned releases and forever discharges any and all claims and demands arising out of or in connection with the use of said photographs and images.

Parent/Guardian Signature _____

Applicant/Youth Signature _____

Date _____

**LANSDOWNE
POLICE DEPARTMENT**

12 East Baltimore Avenue, Lansdowne, PA 19050
610-623-0700



MEMO

TO: Youth Police Academy Applicants
FROM: Youth Police Academy Staff
DATE: Friday, January 27, 2017
REF: Applying for 2017 Youth Police academy

COMMENTS/MEMORANDUM:

Thank you for your interest in the 2017 Youth Police Academy. Enclosed is an application for this year's session.

1. Please have your parent or guardian complete the top and back of the application.
2. Make sure that your parent or guardian signs the back of the form.
3. Use the middle section of the form to tell us briefly why you want to attend the Youth Police Academy.
4. Have an adult, who knows you well, complete the bottom part of the application. Provide the adult with the application form and the "Requirements and Expectations" sheet so that they can review the guidelines fo cadets.
5. When all of the sections of the Application are complete, return the form to the Lansdowne Police Department. You can drop it off at the Police Station (12 E Baltimore Ave., Lansdowne PA 19050). You can also mail the form to the station or email it to lpdcommrel@aol.com.
6. Applications can also be dropped off at the Aldan, Clifton Heights, East Lansdowne and Yeadon Police Departments.
7. Applications must be turned in by February 19, 2017.
8. All participants will be notified of their selection at the email address they provide.

We hope to see you in March.

APPROVED

SIGNED: _____

DENIED

DATE: _____