



NORTH HUNTINGDON YOUTH POLICE ACADEMY



11279 Center Highway.
North Huntingdon, PA 15642
Telephone: 724-863-8800

ELIGIBILITY CRITERIA FOR THE NORTH HUNTINGDON TOWNSHIP YOUTH POLICE ACADEMY

- Children must be **10 to 15** years of age at the time of the program and reside within the “**Norwin**” area of Westmoreland County.
- Children must be willing and able to participate in a variety of physical fitness activities and abide by military discipline.
- **2025 Application Submission Deadline: Monday, MAY 26**
 - **Submit pages 2 - 6** of this application to the address above... “**Attention: Patrolman Jandric**”
 - *Any application received after the deadline may not be considered. You will be notified that week if your child was accepted.*

*Final selection of the Cadet applicants will be made by the
North Huntingdon Township Youth Police Academy Coordinators*

- **2025 ORIENTATION Session: TUESDAY, JUNE 10 @ 6:30PM**
 - **Location: NORTH HUNTINGDON TOWNSHIP MEETING ROOM – North Huntingdon Township Townhouse.**
 - Will last approximately 40 minutes.
 - Applicants **MUST** attend the orientation session with at least one parent/guardian for an explanation of the program.
- **2025 Camp: Monday, JUNE 16 - Friday, JUNE 20**
 - OAK HOLLOW PARK – North Huntingdon Township
 - Time: 8:00 AM – 3:00 PM
 - **Note:** Cadets will be accompanied by the counselors the entire week of program.
 - Cadets are asked to wear a plain grey t-shirt, black shorts and running shoes for the morning physical fitness portion.
 - Cadets will be provided a ‘uniform t-shirt’ that they will be asked to wear in the afternoon with the black “workout shorts”

NORTH HUNTINGDON YOUTH POLICE ACADEMY APPLICATION

Name: _____
Last First M.I.

Address: _____
(Street/City/State/Zip Code)

Date of Birth: _____ Age: _____ Sex: _____ Home Phone: _____

School: _____

Parent(s)/Guardian(s): _____

E-mail address: _____ (Please print legibly)

Cell Phone: _____ Name: _____

Cell Phone: _____ Name: _____

Health Insurance: _____ Policy No. _____

**** Adult Emergency contact in the event a parent/guardian is unavailable:**

Name: _____ Relationship to cadet: _____

Address: _____
(Street/City/State/Zip Code)

Home Phone: _____ Work/Cell Phone: _____

I hereby waive and release any and all rights and claims for damages I may have against any and all individuals associated with The North Huntingdon Township Youth Police Academy, the North Huntingdon Township Police Department, North Huntingdon Township, North Huntingdon Township Rescue 8, and the state of Pennsylvania while my child attends the Youth Police Academy for any and all injuries suffered by him/her at said program. I attest and verify that my child is physically fit and able to attend the program.

Parent/Guardian Signature: _____ Date _____

T-Shirt – adult size (**circle one**) Small / Med / Large / X-Large / XXL

NORTH HUNTINGDON YOUTH POLICE ACADEMY

Personal Health & Medical Information

Cadet Name: _____

LAST ***FIRST*** ***M.I.***

❖ PERSONAL PHYSICIAN

- Name: _____
- Phone: _____

❖ **EMERGENCY MEDICAL INFORMATION**

- Applicant has been, or is, subject to the following (check all that apply):

	Cardiac problems		Convulsions
	Diabetes		Respiratory problems
	Eye/Ear problems		Fainting
	Bleeding Disorder		Hernia
	Intestinal problems		Nose/Sinus problems
	Menstrual problems		Kidney/Urinary problems
	Other (specify)		Neurological problems
	Allergies (medicines, foods, plants, animals, insect toxins)		

Explanation:

- Is the applicant taking medications? (Prescription and Over-The-Counter)
 - YES / NO (circle one)

List of Medications if you answered "YES" above	
NAME	DOSAGE



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PARENTAL PERMISSION and RESPONSIBILITY

I understand that the North Huntingdon Township Police Department may accept my child to attend the Youth Police Academy on the basis that I/WE have agreed to assume all risks arising from participation in said program. I/WE, the Parent/ Legal Guardian of _____, consent to his/her FULL participation in this program and assume all risks and claims of damage of any nature or kind which my child could receive by reason of accident or injury while attending the program. In the event of illness or accident during the course of activities, I request that measures be instituted, without delay, as judgment or medical personnel dictate. The Academy staff and/or local EMS/Hospital staff have my permission to treat the above child in the event of an emergency.

I/WE am interested in the policies, regulations, and aims of the activities of the North Huntingdon Township Youth Police Academy program. I will talk to my child prior to camp and encourage them to take part in all activities, and to cooperate with the programs staff and guest speakers. In the event any of the program activities are planned away from the program area, my child has permission to take part in such activities.

I/WE also understand that if my child's behavior violates any of the program's rules or intimidates other cadets, the counselors reserve the right to dismiss the cadet from the program. Transportation to and from the program is my responsibility.

Parent /Guardian (**Print Name**): _____

Parent /Guardian (**Signature**): _____

Date: _____

PHOTO / VIDEO RELEASE

To memorialize the event, our counselors and various volunteers may be taking still and video photographs of the cadet candidates throughout the duration of the program. It is necessary to secure the consent of the parents for use and appropriation of the name and photograph of these children, so that the photographs can be prepared and the images of the cadet candidates may be used for future advertising purposes. Success of the program is highly dependent on how well it is advertised to future candidate classes.

For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use and appropriation of his/her likeness in any North Huntingdon Township broadcast, publication, demonstration, or display of photographs and or video/film recording of **North Huntingdon Township Youth Police Academy** (hereinafter "**Youth Police Academy**").

The undersigned recognizes that his/her likeness may be used in publications, periodicals, advertisements, promotional materials, commercials, or video presentations for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by **Youth Police Academy** to ensure confidentiality, I knowingly, intentionally and voluntarily, and for my heirs and administrators and assigns, do, Generally Release **Youth Police Academy**, its directors, officers, agents, employees, and members from any or all liability of every nature for the use or appropriation of my name or likeness.

I further waive any and all claims or causes of action or claims including, but not to be limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation, and disclosure of private facts. I hereby state that I understand the content and effect of this Release and intending to be legally bound hereby, sign and seal as follows.

Parent / Legal Guardian

Name (Print): _____

Signature: _____ Date: _____