Team Illinois

Youth Police Camp

July 15-21, 2018

Principia College, 1 Front Gate Rd, Elsah, IL 62028

(Please print neatly)

NAME

(Last) (First) (Middle)

ADDRESS

CITY/STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_Cell ( )

Home ( )\_\_\_\_\_\_\_\_\_\_\_ AGE\_\_\_\_\_\_\_ SEX \_\_M\_\_F\_\_ DATE OF BIRTH \_\_\_\_\_\_/\_\_\_\_\_/

Circle One Mon Day Year

T-SHIRT SIZE\_\_S\_\_\_M\_\_\_L\_\_\_XL\_\_\_XXL (*Sizes cannot be changed.)* Height\_\_\_\_\_ Weight\_\_\_\_

GENERAL HEALTH CONDITION: EXCELLENT\_\_\_\_\_ GOOD\_\_\_\_\_ POOR\_\_\_\_\_

(If poor, please explain on page 2)

LAST YEAR COMPLETED IN SCHOOL\_\_\_\_\_\_\_\_ SCHOOL

SCHOOL ATTENDING IN FALL

EMAIL ADDRESS:

(If applicable) SPONSOR/ORGANIZATION NAME

CADET CHECK-IN LOCATION: LEWIS & CLARK COMMUNITY COLLEGE,

5800 GODFREY Rd, GODFREY, IL 62035 AT 1:00 PM, JULY 15, 2018.

(Applications will be taken on a first come basis.)

PLEASE INCLUDE $20 APPLICATION FEE (CHECK OR MONEY ORDER)

(Checks should be made out to Teamlllinois Youth Police Camp)

DEADLINE FOR APPLICATION – JUNE 22, 2018

|  |  |
| --- | --- |
| Send Applications to: Sandy Voytas  Illinois State Police  1100 Eastport Plaza Drive  Collinsville, IL 62234  Phone: (618) 346-3613  EMAIL: [Sandra\_Voytas@isp.state.il.us](mailto:Sandra_Voytas@isp.state.il.us) | For more information contact:  Trooper Calvin Dye  Cell:(618) 973-3050  Office: (618) 346-3524  EMAIL: calvin\_dye@isp.state.il.us |

P.2 Team Illinois Youth Police Camp - 2018

As a parent or court appointed guardian of the applicant, I assume all risks and liability pertaining to any activity whatsoever and whenever located, pursuant to the program and hereby release from any such liability, the sponsor or any co-sponsor, that may arise due to his/her participation in the Team Illinois Youth Police Camp.



(Signature of Applicant) (Signature of Parent/Guardian)

MANDATORY Indicate all prior or present injuries to the participant which may hinder or restrict his/her participation in the physical training program or any drill training.

EXPLANATIONS:

LIST ALL ALLERGIES:

LIST ALL DAILY MEDICATIONS REQUESTED:



 A COPY OF PARTICIPANT'S INSURANCE CARD IS MANDATORY

**PARENTAL CONSENT:**

As a parent or court appointed guardian of the person named above, I give permission for him/her to participate in the TeamIllinois Youth Police Camp, and in the event of injury or sickness, authorize such medical treatment or diagnostic procedures as may be deemed advisable, to be performed by such health care provider as shall be designated by an authorized staff member of the TeamIllinois Youth Police Camp. Please include any special medication required by the participant.

**I RECOMMEND FULL PHYSICAL ACTIVITY, UNLESS OTHERWISE SPECIFIED.**



(Signature of Parent/Guardian)

**PRESCRIPTION MEDICATIONS**

ALL MEDICATIONS MUST BE BAGGED AND LABLED WITH THE CHILD'S NAME. SPECIFY NAME OF MEDICATION, DOSE AND WHEN TAKEN.

⬜ DOES THE CHILD HAVE AN ALLERGY TO BEE STINGS, INSECT BITES, POISON IVY, OR FOOD THAT WILL REQUIRE MEDICATION? IF YES, SPECIFY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address)

City State Zip Code

­(\_\_\_\_\_)

Area Code Home Phone

­(\_\_\_\_\_)

Area Code Cell Phone

P.3

TeamIllinois Youth Police Camp - 2018

EMERGENCY CONTACT INFORMATION

Please Print Legibly

Cadet Name: , ,

(Last) (First) (M.I.)

Parent 1 Name: , ,

(Last) (First) (M.I.)

Parent 2 Name: , ,

(Last) (First) (M.I.)

Relative/Friend: , ,

(Last) (First) (M.I.)

EMERGENCY PHONE NUMBERS

HOME: (\_\_\_\_\_\_)

(Name)

CELL: (\_\_\_\_\_\_)

(Name)

WORK: (\_\_\_\_\_\_)

(Name)

OTHER: (\_\_\_\_\_\_)

(Name)

TRANSPORTATION

l do hereby grant permission for the Team Illinois Youth Police Camp to provide transportation for my child.



*Signature of Parent or Guardian*

**NON-PRESCRIPTION MEDICATIONS/AIDS**

The following items will be available during the camp. In order to give these medications to your child, we will need a signed permission slip indicating the specific item(s) he/she can take. Any medication not checked either yes or no will be considered a no.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES | NO |  | YES | NO |  |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | Tums | \_\_\_\_\_\_ | \_\_\_\_\_\_ | Benadryl |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | lmodium AD (Adult) | \_\_\_\_\_\_ | \_\_\_\_\_\_ | Mosquito Spray |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | Tylenol Caplets (Adult) | \_\_\_\_\_\_ | \_\_\_\_\_\_ | Sunscreen |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | Neosporin | \_\_\_\_\_\_ | \_\_\_\_\_\_ | Ibuprofen (Adult) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to take the above medications/aids if needed.

*PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Parent/Guardian:

Do we have your permission for pictures of your child, taken during camp activities, be published in local newspapers and used for future TeamIllinois Youth Police Camp promotions and articles?

 Yes, you have my permission for photos to be used for the above purposes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Signature) 

**\* PLEASE HAVE BAGS MARKED WITH CADET'S NAME \***



ITEMS YOU MUST BRING TO CAMP

Use this check sheet to make sure you have packed everything you will need for camp.

|  |  |  |  |
| --- | --- | --- | --- |
| **MALES** | | **FEMALES** | |
| \_\_\_\_ | Bed Pillow | \_\_\_\_ | Bed Pillow |
| \_\_\_\_ | 4 Pairs of Khaki pants/knee length shorts  \*One good pair of Khaki pants for graduation - NO holes or patches, not baggy | \_\_\_\_ | 4 Pairs of Khaki pants/knee length shorts/capris  \*One good pair of Khaki pants for graduation - NO holes or patches |
| \_\_\_\_ | 1 pair of Jeans - NO holes or patches | \_\_\_\_ | 1 pair of Jeans - NO holes or patches |
| \_\_\_\_ | 1 Belt | \_\_\_\_ | 1 Belt |
| \_\_\_\_ | 2 Pairs of tennis shoes  1 pair to wear every day  1 pair to wear for gym/physical training  (gym shoes must have laces, they will be laced top to bottom) | \_\_\_\_ | 2 Pairs of tennis shoes  1 pair to wear every day  1 pair to wear for gym/physical training  (gym shoes must have laces, they will be laced top to bottom) |
| \_\_\_\_ | Socks  6 pair for everyday wear  5 pair of white socks for gym | \_\_\_\_ | Socks  6 pair for everyday wear  5 pair of white socks for gym |
| \_\_\_\_ | 5 Gym shorts | \_\_\_\_ | 5 Gym shorts  NO SHORT SHORTS!!!!  Shorts much reach just above the knees |
| \_\_\_\_ | 5 Gym T-shirts with short sleeves  Solid color or all white  No tank tops | \_\_\_\_ | 5 Gym T-shirts with short sleeves  Solid color or all white  No tank tops |
| \_\_\_\_ | Underwear - At least 8 pair | \_\_\_\_ | Underwear - At least 8 pair |
| \_\_\_\_ | Swimming suit  Boxer style | \_\_\_\_ | Swimming suit  No bikini - No string-style |
|  |  | \_\_\_\_ | At least 3 Bras |
| PERSONAL HYGIENE ITEMS | | PERSONAL HYGIENE ITEMS | |
| \_\_\_\_ | Toothbrush | \_\_\_\_ | Toothbrush |
| \_\_\_\_ | Toothpaste | \_\_\_\_ | Toothpaste |
| \_\_\_\_ | Soap | \_\_\_\_ | Soap |
| \_\_\_\_ | Shampoo, etc. | \_\_\_\_ | Shampoo, etc. |
| \_\_\_\_ | Brush/Comb | \_\_\_\_ | Brush/Comb/Barrettes, etc. |
| \_\_\_\_ | Hair Dryer (if needed) | \_\_\_\_ | Hair Dryer (if needed) |
| \_\_\_\_ | Deodorant | \_\_\_\_ | Deodorant |
| \_\_\_\_ | Shaving items (if needed) | \_\_\_\_ | Feminine Hygiene Hems as needed |
|  |  | \_\_\_\_ | Shaving items (if needed) |
|  |  | \*NO COSMETICS / MAKE-UP ALLOWED\* | |
|  | | | |

ITEMS NOT TO BE BROUGHT TO CAMP. PARENTS AND APPLICANTS PLEASE READ

• Cell Phones or any electronics (games, radios, CD players)

• Playing cards, dice, or other gambling items

**All of these items will be CONFISCATED.**

**All luggage will be thoroughly**

**searched by Officers & K-9.**

• Knives or other weapons

• Jewelry other than watches

• Valuables of any kind, including money

• No books or magazines

• No food items (gum, candy, beverages, etc.)

• No cosmetics / make-up

• No clothes with gang representation, alcohol or tobacco emblems, vulgar sayings, ripped or in bad repair

Graduation Ceremony RSVP

(Graduation Ceremony will begin at 10:00 AM on July 21, 2018)

Calvary Baptist Church, 1422 Washington Ave., Alton, IL 62002

Please fill out and turn in at the camp registration/orientation on July 15 at 1:00 pm

|  |  |  |
| --- | --- | --- |
| Name of Cadet: |  | |
| Number of Persons Attending: | ⬜ | \*Immediate family members only please. |

Please bring this sheet with you to check-in on July 15, 2018

A CONFIRMATION LETTER WILL BE EMAILED/MAILED TO YOU SHORTLY AFTER RECEIVING YOUR APPLICATION.



*(Directions for the Cadet check-in location on July 15, 1:00 p.m.*

*will be included in the confirmation letter)*

*Please make sure a copy of the insurance card and*

*registration fee are included with the application.*

*Until we have those, we cannot confirm the application.*

*Please tell us how you heard about the TeamIllinois Youth Police Camp. Thanks!*