

SHAWNEE COUNTY SHERIFF'S OFFICE
YOUTH ACADEMY 2017



“WORKING TOGETHER FOR OUR KIDS”

JUNE 5th -9th

Seaman High School

JUNE 12th -16th

Shawnee Heights High School

JUNE 19th – 23rd

Hayden High School

8:00am-12:00pm

Open for incoming 6th, 7th, and 8th grade students.

www.shawneesheriff.org



Shawnee County Sheriff's Office Youth Academy 2017



GENERAL INFORMATION

Instructors: Shawnee County Sheriff's Office Personnel

Location: Seaman High School
4850 NW Rochester Rd.

Academy Capacity: 80 students

Dates: June 5th-9th, 2017

Time: 8:00a.m. – 12:00p.m.

THERE IS NO CHARGE FOR THIS CAMP

(*Please note that lunch will not be provided except on Friday (Graduation)
Lemonade, water and snacks will be provided Monday – Friday)

The Shawnee County Sheriff's Office Youth Academy is a program established to promote a positive interaction between the Shawnee County Sheriff's Office and the youth of Shawnee County. The purpose is to build life skills, instill confidence and develop self-esteem. The curriculum will include a wide variety of activities that will incorporate teamwork, physical fitness, and general law enforcement information. We will emphasize the importance of good decision making skills and teach good citizenship. The Shawnee County Sheriff's Office strives to provide a positive learning experience for our youth during their summer break. This program is structured to be fun, informative and challenging.

The **application deadline is May 19th, 2017**. Forms can be mailed or hand delivered to the Shawnee County Sheriff's Office, Community Services Unit, 320 S. Kansas Suite 200 Topeka, KS 66603, faxed to 785-251-2338, or e-mailed to shayna.anderson@snco.us. Any questions regarding the academy, please contact the Community Services Unit at 251-2200.

Please do not submit applications after May 19th, 2017 unless an extension has been announced by Sheriff's Office personnel. The deadline is in place to ensure ample time to purchase, order, and receive supplies before the start of our camp.

This is open to the young citizens of Shawnee County entering 6th to 8th Grade.

Enroll now to ensure yourself a fun-filled week of learning and activities!



Shawnee County Sheriff's Office Youth Academy 2017

GENERAL INFORMATION



Come and join the Shawnee County Sheriff's Office for a fun filled week!

Some of the classes may include:

- Introduction to Law Enforcement
- K-9 Demonstration
- S.W.A.T. Demonstration
- Taser/ Stop-Stix Demonstration
- Law Enforcement Videos
- Physical Training (team games)
- Guests from other agencies and organizations
- Meet Sheriff Herman Jones

*Working in partnership with the
community to protect and serve with
honor, integrity, and professionalism.*



COMMITTED TO KANSAS KIDS!





Shawnee County Sheriff's Office Youth Academy 2017



RULES & RESPONSIBILITIES

The Shawnee County Sheriff's Office Youth Academy is a program established to promote a positive atmosphere between the youth of Shawnee County and the Shawnee County Sheriff's Office. Listed below are rules and responsibilities of the academy participant. Participants are expected to follow all the rules, all of the time.

Clothing for Youth Academy:

1. Shoes should be appropriate for athletic activity (no sandals).
2. Hats may be worn outdoors but will be removed indoors.
3. A t-shirt will be provided to each participant. We ask that it be worn every day of camp. If it is not worn we ask that clothing should be free of the following:
 - A. Alcohol, tobacco or drug messages
 - B. Language or images which are offensive to any group of people
 - C. Death or satanic images
4. No excessively saggy or baggy clothing.
5. No jewelry.
6. Clothing should be comfortable and appropriate for the weather and physical activities.

What to bring to the Youth Academy:

1. Positive attitude.
2. Willingness to learn.
3. Willingness to make new friends.
4. Ability to smile and have a great week!!!

More detailed Youth Academy Rules will be given to participants during the introduction period of the first day. The Youth Academy coordinators will contact the parents and if necessary, remove participants due to lack of cooperation, uncontrollable, or continuous disruptive behavior. If you have any questions, please contact the Community Services Division 251-2200. Thank You!

We hope to see you there!



Shawnee County Sheriff's Office
Youth Academy 2017
Seaman High School
APPLICATION FORM



Students Name: _____ Phone # _____

Mailing Address: _____ City: _____ Zip: _____

DOB: _____ Age: _____ Gender: Male Female

Name of School student will attend in 2017-2018 _____

Grade: 6th 7th 8th

Mother/Female Guardian Name: _____

Address: _____ E-Mail Address: _____

Home # _____ Work # _____ Other # _____

Father/Male GuardianName: _____

Address: _____ E-Mail Address: _____

Home # _____ Work # _____ Other # _____

Circle child's desired shirt size (Adult sizes only): S M L XL

Parent / Guardian Signature:

_____ Date: _____

Mail to:
Shawnee County Sheriff's Office
Community Services Unit
320 S. Kansas
Topeka, KS 66603

Fax to:
785-251-2338

Email to:
shayna.anderson@snco.us

Return this page to the Sheriff's Office
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Shawnee County Sheriff's Office Youth Academy 2017



WAIVER OF LIABILITY FORM

In consideration of my child's participation in this activity, I

_____ Hereby release and discharge the
(Parent/guardian name)

Shawnee County Sheriff's Office, USD 345, and any individual Sheriff Deputy, agent or employee from any and all liability arising from accident, injury, and illness that (he/she) may suffer as a result of participation in this program. I understand that I do not have to sign this waiver, but by not doing so my child will not be able to participate in the program.

(Child's name)

(Parent/Guardian signature)

(Date)

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Shawnee County Sheriff's Office

Youth Academy 2017

MEDICAL INFORMATION & AUTHORIZATION FORM



Student's Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Emergency Contacts (other than Parents / Guardians):

Name: _____ Relation to child: _____

Phone # _____

Name: _____ Relation to child: _____

Phone # _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone # _____

Clinic or Hospital Preference & Address: _____

IMMUNIZATIONS:

DPT Series _____ Booster _____ Tetanus _____ Polio OPY (Sabin) _____ Booster _____

PHYSICAL CONDITIONS

Ear Infections _____
 Rheumatic Fever _____
 Convulsions _____
 Diabetes _____
 Heart Problems _____
 Asthma _____

ALLERGIES

Hay Fever _____
 Poison Ivy _____
 Insect Stings _____
 Penicillin _____
 Sulfa Drugs _____
 Gluten _____
 Nuts _____

DISEASES

Chicken Pox _____
 Measles _____
 German Measles _____
 Mumps _____

Other health problems not listed that may prevent physical activity: _____

Any medications currently being taken: YES or NO (circle one) if so please specify: _____

HEALTH INSURANCE

Company Name: _____

Policy # _____ Group # _____

AUTHORIZATIONS

(Please initial the lines that apply and sign below)

_____ 1. The health history on this form is correct and true to the best of my knowledge; the child described herein has permission to engage in all program activities, except as noted by me and/or recommended by our physician.

_____ 2. If I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by Sheriff's Office Personnel to seek medical attention for my child in the event of an emergency.

MY SIGNATURE BELOW CONSTITUTES AUTORIZATION FOR ITEMS INITIALED ABOVE.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

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**Shawnee County Sheriff's Office
Youth Academy 2017
STANDARD PHOTO & VIDEO RELEASE
FORM FOR MINOR CHILD**



I hereby authorize the Shawnee County Sheriff's Office to publish the photographs and videos taken of the undersigned minor child, and his/her name, for use in the Shawnee County Sheriff's Office printed publications, website, and social media.

I release the Shawnee County Sheriff's Office from any expectation of confidentiality for the undersigned minor child and attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize the Shawnee County Sheriff's Office to use his/her photograph, videos and names.

I acknowledge that since participation in publications, websites, and social media produced by the Shawnee County Sheriff's Office is voluntary, neither the minor child nor I will receive financial compensation.

I further agree that participation in any publication, website, and social media produced by the Shawnee County Sheriff's Office confers no rights of ownership whatsoever. I release Shawnee County and the Shawnee County Sheriff's Office and its employees from liability for any claims by me or any third party in connection with the participation of the undersigned minor child.

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Name of Minor Child: _____ Age: _____

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