

# SHAWNEE COUNTY SHERIFF'S OFFICE YOUTH ACADEMY

2019

14th Year!



## “WORKING TOGETHER FOR OUR KIDS”

JUNE 3 <sup>rd</sup> - 7 <sup>th</sup>	Seaman High School
JUNE 10 <sup>th</sup> - 14 <sup>th</sup>	Shawnee Heights High School
JUNE 17 <sup>th</sup> - 21 <sup>st</sup>	Washburn Rural High School

8:00am-12:00pm

**Open for incoming 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade students.**

**For applications please visit:**

**[www.shawneesheriff.org](http://www.shawneesheriff.org)**



# Shawnee County Sheriff's Office Youth Academy 2019



## GENERAL INFORMATION

<b>Instructors:</b>	<b>Shawnee County Sheriff's Office Personnel</b>
<b>Location:</b>	<b>Washburn Rural High School – South Entrance</b>
<b>Academy Capacity:</b>	<b>60 students</b>
<b>Dates:</b>	<b>June 17<sup>th</sup>-21<sup>st</sup></b>
<b>Time:</b>	<b>8:00a.m. – 12:00p.m.</b>

### **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 17<sup>th</sup>, 2019**. 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@sncu.us. Any questions regarding the academy, please contact the Community Services Unit at 251-2200.

Please do not submit applications after May 17<sup>th</sup>, 2019 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 6<sup>th</sup> to 8<sup>th</sup> Grade.**

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



# Shawnee County Sheriff's Office Youth Academy 2019



## 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 2019



## **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 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 2019**  
**Washburn Rural**  
**APPLICATION FORM**



Students Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Name of School student will attend 2019-2020 \_\_\_\_\_

Grade:      6<sup>th</sup>      7<sup>th</sup>      8<sup>th</sup>

Mother/Female Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Other # \_\_\_\_\_

Father/Male Guardian Name: \_\_\_\_\_

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 Suite 200**  
**Topeka, KS 66603**

Fax to:  
**785-251-2338**

Email to:  
**shayna.anderson@snco.us**

**Return this page to the Sheriff's Office**  
**APPLICATION DEADLINE IS MAY 17<sup>th</sup>, 2019**



# Shawnee County Sheriff's Office Youth Academy 2019



## 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 437, Washburn Rural High School, 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 2019 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 2018  
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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