PROGRAM OVERVIEW:
This is a six day camp used to introduce students interested in going into law enforcement or a branch of the armed forces. Cadets march in platoon formation and participate in a drill competition. The program includes physical training, forensics, canine, crime codes, SERT team, rock climbing, drug laws, radar, marksman course, and familiarity with weapons. You should be physically fit, in good health, and have a good academic record to be able to participate. THIS IS NOT A RECREATIONAL CAMP.

ELIGIBILITY:
Any female or male student who is between the ages of 15-17 prior to entering the camp on June 11th.

COST:
Fee of $150.00* includes meals and lodging. The fee is paid by the sponsoring post/unit or other civic group, and IS NON-REFUNDABLE.

TRANSPORTATION:
The responsibility of the sponsoring group or the parents of the student.

AWARDS:
SCOTT BALL OUTSTANDING CADET MEMORIAL AWARD
For the cadet who shows best merit; winner receives an American Legion plaque and $1000.00 towards a degree in law enforcement or enters the military.
ELMER HAFFER ESSAY AWARD
For the best essay; winner will receive a plaque and a $1000.00 scholarship.
WILLIAM EVANS LEADERSHIP AWARD
For the cadet who shows the best leadership ability; winner receives a plaque and $500.00

To get an application or if you have any questions, contact

THE AMERICAN LEGION
DEPARTMENT OF PENNSYLVANIA
AT 717-730-9100 or www.pa-legion.com
*price subject to change

PENNNSYLVANIA STATE POLICE YOUTH WEEK
JUNE 11-17 2017
AT YORK COLLEGE OF PENNSYLVANIA IN YORK, PENNSYLVANIA

SPONSORED BY THE AMERICAN LEGION AND THE PENNSYLVANIA STATE POLICE AND PA NATIONAL GUARD FOR THE 47TH YEAR

PENNNSYLVANIA STATE POLICE
AMERICAN LEGION TROOPER
NATIONAL GUARD
behavior. He loved it! "Excellent introduction into a really fun style of
happened to his voice... This week was an
Sir, but never hesitate to explain what
"He's still a little horse from yelling 'Yes
 job well done!"
ly and the respect he has for all of you.
're very proud of his new-found maturity.
been affected in the most positive way.
"He has yet to cease talking and has truly
made a 15-year-old boy.
gram it was, and what an impression it
seem over everything. What a wonderful pro-
'He hasn't stopped talking about it yet.
"Parents Write:
for a long time."
who were part of the team will remember
hard together as squad and all of us
"It is a short seven days but we learned
"...experience at the camp. It has been a rewarding
attend the camp. It has been a rewarding
fun and the experience of being able to
"Thank you for letting me have the oppor-
seek was always there."
goals. The desire to accomplish and suc-
gathered as one, so we could achieve our
"They taught us discipline and to work to-
DO THEY LIKE IT?
STATE POLICE
YOUTH WEEK
SPOW wants to prepare the ca-
MISSION:
Commonwealth and installs in
become future leaders of the
physical aspects to
permanently and
moral, intellectual and
them courage, honor, and
"Parents Write:
"Mission:
"States youth and its law en-
many areas of law enforcement;
see and experience firsthand
to give the cadets the chance to
understanding among the
established in 1970 to increase
"Cadets Write:
yster, and self-esteem.
which includes leadership, disci-
YOUTH WEEK
was es-
DAILY OVERVIEW:
0530-0610 - MORNING RUN
0645-0655 - CLEAN/INSPECTION
0700-0745 - BREAKFAST
0800-1150 - INSTRUCTION
1200-1250 - NOON MEAL
1700-1750 - EVENING MEAL
1810-2030 - INSTRUCTION
1930-1650 - INSTRUCTION
2100-2150 - CAB'S TIME
2200 - CALL TO QUARTERS
2215 - LIGHTS OUT
TRACK:
"States youth and its law en-
many areas of law enforcement;
see and experience firsthand
to give the cadets the chance to
understanding among the
established in 1970 to increase
"Cadets Write:
"Mission:
"States youth and its law en-
many areas of law enforcement;
see and experience firsthand
to give the cadets the chance to
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established in 1970 to increase
"Cadets Write:
"State Police
YOUTH WEEK
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MISSION:
Pennsylvania American Legion - State Police Youth Week Camp
Sponsored by the Pennsylvania American Legion
Pennsylvania State Police and the National Guard

JUNE 11-17, 2017

ELIGIBILITY

This is a premiere camp for young men and women, and as such, potential Cadets, male or female must have completed either their sophomore, junior, or senior year and be between the ages of 15 and 17, prior to entering the camp on June 11th. The Post or District Commander, or his/her representative will interview each Cadet nominated to select candidates and their alternates. Cadets must be in good health, with no physical deficiencies, have an average or above average standing in their class, and express a personal interest in either law enforcement or military service. Applicants are chosen until the camp is full. Those who had applied the previous year and were not selected because of the large number of applicants will be considered first as long as they still meet the requirements.

Students who previously attended SPYW are not eligible to attend again as a cadet.

This program is not a recreational camp nor is it a disciplinary camp for problem youths: it is a physical, mental, and rigorous training camp. Please encourage student to attend, however, if their desire is to not attend, do not force them since this will only hamper our efforts.

TRAINING

Cadets participate in a wide variety of instructional sessions with the state police, and National Guard. They will learn how to work as a team, be taught self-discipline, self-esteem, and leadership just to name a few. Remember these are the future leaders of the Commonwealth and the Nation. There will be classes in Pennsylvania Vehicle and Crime Codes, forensic sciences, radar, riot control, tactical drug operation through the use of specially trained dogs, weapon firing, and other police and military related activities. Recreational activities will be scheduled as time permits.

SPONSORSHIP

Applications are to be taken to your local American Legion Post, District, Auxiliary Unit, or any civic group who may sponsor you and pay the $150 fee. To obtain sponsorship from your local American Legion Post you must forward the post your completed application at least one month prior to May 30th, to give some posts time to vote on the sponsorship request at their monthly meetings.

BEFORE SENDING IN APPLICATION MAKE SURE OF THE FOLLOWING:

1. COMPLETED APPLICATION - ALL 3 PAGES COMPLETED AND SIGNED.
   A. MEDICAL FORM SIGNED BY PHYSICIAN NO EARLIER THAN MARCH 1st OF CURRENT YEAR.
   B. DEADLINE TO SUBMIT APPLICATIONS TO POST IS MAY 19, 2017.

2. COPY OF MEDICAL INSURANCE CARD ATTACHED.

3. SMALL PICTURE ATTACHED.

MAIL ALL OF THE ABOVE TO THE SPONSORING LEGION POST, ATTN: POST ADJUTANT

DIRECTIONS FOR LEGION POSTS

Please mail the completed application and check for the tuition fee in the amount of $150.00 (made payable to PA American Legion), to Pennsylvania American Legion, attn: Pennsylvania American Legion-State Police Youth Week Camp, PO Box 2324, Harrisburg, Pa. 17105-2324.

DEADLINE TO SUBMIT ALL REQUIRED DOCUMENTS TO LEGION HEADQUARTERS IS MAY 31, 2017
APPLICATION

Please Type or Print Legibly

Application must be returned no later than May 19, 2017 to sponsoring Legion Post.

Name: _______________________________ Gender: _______

                     Last                        First                        MI

Date of Birth: ____/____/____  Age ______  Height: ______  Weight: ______  Eye Color: ______  Hair Color: ______

Address: ____________________________________________________________

                      Street/Road                City                State                Zip

School Grade Completed June 2016

Telephone (____)-____-____  E-Mail: ________________________________

Letter of confirmation will be emailed

School Name: ___________________________  Shirt Size: ______

Sponsoring Organization: ___________________________  Post # ______  District ______

Post/Organization Contact Person: ___________________________  Phone: (____)-____-____

Applicant’s Signature: ___________________________    Date: __________

Have you applied before?  □YES  □NO  Have applied in the past but was never accepted?  □YES  □NO

PARENT / GUARDIAN RELEASE and PERMISSION to PHOTOGRAPH, VIDEO TAPE AND OR INTERVIEWED

In consideration of instruction and training to be given to ______________________ (son/daughter) as a citizen of The Pennsylvania American Legion-State Police-National Guard Youth Week Camp to be held June 11-17, 2017, at York College of Pennsylvania, York, Pennsylvania. I hereby give consent for him/her to participate fully in all planned activities, as well as participate in any field trip, which might be scheduled as part of the program.

We release and discharge the Pennsylvania American Legion-State Police-National Guard Youth Week Camp, its officers, staff and counselors from any and all claims, demands, damages, suits, actions, or causes of action which we may, can or shall have by ______________________ (son/daughter) while in attendance at the Pennsylvania American Legion-State Police-National Guard Youth Week Camp no matter how caused or occasioned, including travel to and from home to camp.

It is further understood that the program is physically and mentally challenging, requiring that they be physically fit and in good academic standing and said son/daughter does not require individual or special attention and that he/she will participate in all phases of the program.

□ I give permission  □ I do not give permission for ______________________ to be photographed, video taped and or interviewed during participation in the Pennsylvania American Legion-State Police-National Guard Youth Week Camp Program June 11-17, 2017. I understand the photos, video tape and or interview will be used by the Pennsylvania American Legion to promote the program in future years.

A RECENT LEGIBLE PHOTOGRAPH OF THE APPLICANT MUST BE ATTACHED TO THE APPLICATION.

_________________________________________     ___________________________
Signature of Parent / Guardian                   Date
MEDICAL FORM

Applicants Name ____________________________

Last ___________ First ___________ MI ___________

Address: __________________________________________

Street ___________________________ City ____________ State ___________ Zip Code ____________

PHYSICIAN’S EVALUATION AND EMERGENCY MEDICAL INFORMATION

IMMUNIZATIONS: The last year shots were administered

Tetanus _______________ Diphtheria _______________ Polio _______________

☐ Allergy to a medicine ☐ Allergy to a food ☐ Allergy to a plant ☐ Allergy to insect bites ☐ Epilepsy ☐ Lung condition

☐ Hepatitis ☐ High Blood Pressure ☐ Asthma ☐ Convulsions ☐ Heart condition ☐ Diabetes ☐ Fainting Spells

☐ Bleeding Disorders ☐ Hypertension ☐ Other

Explain __________________________________________

__________________________________________________________________________

Medicine: My child may receive, if needed: ______ TYLENOL ______ TUMS ______ ADVIL ______ TRIPLE ANTIBIOTIC OINTMENT ______ CALADRYL ______ BENADRYL or BENADRYL CREAM ________ (Parent or Guardian please Initial)

Does applicant take medicine daily or have special care? ☐ No ☐ Yes

If yes, please explain and list all prescription drugs: ______________________________________

__________________________________________________________________________

Is there any health related information that the staff should be aware of? __________________________

__________________________________________________________________________

Approved for participation in: ☐ Water activities ☐ Competitive sports ☐ Other activities ☐ Rigorous exercise

Specify exceptions: __________________________________________________________

__________________________________________________________________________

Signed: ___________________________ Date ___________________________

(Physician)

PLEASE ATTACH A COPY OF STUDENT’S CURRENT HEALTH INSURANCE CARD

The medical form must be completed, signed, and dated by a physician, and returned no more than three (3) months prior to camp. If the form is not returned within the specified period, your child may not be accepted into the program.
EMERGENCY NOTIFICATION:

Name: __________________________ Relationship: __________________________

Home Phone: ________________ Business Phone: ___________________ Cell: __________________________

Personal Physician: __________________________ Phone: __________________________

PARENTAL CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES:

This will certify that we (I), the undersigned parent(s) or guardian(s) of __________________________ do, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services.

This will further certify that we (I), the undersigned, do hereby release and discharge the Pennsylvania American Legion-State Police-National Guard Youth Week Camp, its officers, agents, instructors and employees from any and all claims, demands, damages, suits, actions which we (I) may, can or shall have by reason of any illness, injury or accident incurred or suffered by said son/daughter while traveling to, attendance at or participation in the Pennsylvania American Legion - State Police- National Guard Youth Week Camp from the time of his/hers departure from home until his/hers return thereto.

Print name of Father or Guardian __________________________ Print name of Mother or Guardian __________________________

Signature of Father or Guardian __________________________ Date __________________________

Signature of Mother or Guardian __________________________ Date __________________________

Street __________________________ City __________________________ State Zip Code __________________________

Alternate Contact Person: Phone #: __________________________

Relationship: __________________________

The Emergency Notification form must be signed by the father, mother or guardian(s), and attached to the Medical form.

There are times when a medical emergency may occur and medical service is required or prescriptions need to be filled, to speed the process along. Please attach a legible photo copy of all health/prescriptions cards to the rear of this form.

• As a requirement for your child to be accepted into the program all the forms MUST BE FILLED OUT COMPLETELY and returned with the required attachments.

• No application will be processed without the appropriate fee or medical form

• For more information, please call The Department of Pennsylvania American Legion, (717) 730-9100

• THERE ARE NO SPECIAL DIET FACILITIES