

Boone County Sheriff's Office/ Lebanon Fire Department Teen Academy

General Information & Emergency Contact Form

To be filled out by parent or guardian. Please print in ink.

*This information will be kept in a secure location with access to camp health officer or camp directors only.

IDENTIFICATION

Child's Full Name _____

Child's Date of birth _____ Age _____ Gender _____

Child lives with: *Mother Father Both Other* _____

Home address _____ City _____

State _____ Zip _____

Mother/Guardian Full

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father/Guardian Full

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

In the event of an emergency during the academy we will attempt to contact a parent. Please list below the name and contact information for a grandparent, aunt, uncle, friend, neighbor, etc. that we may call if we are unable to reach either parent.

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

I/we hereby designate the above named person as the Emergency Contact if I/we are unable to be reached. I/we authorize this person to make decisions for medical care and treatment of my child in my absence. I/we also grant permission to the Lebanon Fire Department to provide emergency treatment and transportation for my child to _____ (Hospital Preference)

Parent(s) Signature _____ Date _____

CHILD'S MEDICAL INFORMATION AND HISTORY:

Name of Personal Physician_____ Phone_____

Personal health/accident insurance carrier_____

Policy No._____

**Attach a photo copy of your insurance card

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

MEDICAL HISTORY:

ADHD Yes No

Convulsions/ Seizures yes No

Hemophilia Yes No

Asthma Yes No

Diabetes Yes No

Heart Trouble Yes No

Cancer/ Leukemia Yes No

High blood pressure Yes No

Kidney disease Yes No

Explain:

ALLERGIES: Food, medicines, insects, plants Yes No

Explain:

List any medications to be taken at camp:

List any physical or behavioral conditions that may affect or limit full participation in swimming or playing strenuous physical activity

Boone County Sheriff's Office/ Lebanon Fire Department Teen Academy Cadet Application

We will be accepting 24 Cadets; in the event more than 24 applications are received we will use the information on this application for the selection process.

To be filled out by Cadet. Please print in ink.

Cadet Information

Name_____

Age_____

Shirt Size (Circle One) S M L XL

Questions

1. Why do you want to be a part of the Teen Academy?

2. What are your expectations of the Teen Academy?

3. How do you plan to use the information you will learn during the Teen Academy?

Boone County Teen Academy

Code of Conduct

The following Code of Conduct shall be adhered while attending the Boone County Teen Academy and when under the direction and supervision of the Boone County Teen Academy Staff. Violations of any of the following may result in termination.

I. Purpose

- A. The Boone County Teen Academy was created to give teens, ages 13-18, a look at Law Enforcement and Firefighting first hand. Cadets will participate in classroom and hands on activities, led by the Boone County Sheriff's Office, Lebanon Firefighters and local Emergency Responders. These activities include sessions in firearms, defensive tactics, fire equipment, building searches, traffic stops and team building. The activities and team building will help in developing future community leaders.

II. Respect

- A. Respect will be shown to all Teen Academy staff and guest instructors.
- B. Respect will be shown to all civilians and classmates.
- C. Disrespect or abusive language toward any individual or group will not be tolerated.
- D. Teen Academy class instructors and Department personnel shall be addressed in a courteous, professional manner. Officers shall be addressed by rank and all others by Sir/Ma'am.
- E. Knock before you enter any office.
- F. All Cadets shall conduct themselves in a professional manner at all times.
- G. When an Officer or Instructor enters the room the Cadet will stand.

III. Classroom Etiquette

- A. Cadets will raise their hand in the air to be acknowledged for any questions or Comments pertaining to class.
- B. Cadets will request permission to leave the classroom for any reason.
- C. Cadets will maintain assigned seating.
- D. All classes start with the Pledge of Allegiance. It will be the responsibility of the Squad Leaders to make sure it begins this way.
- E. What happens here stays here. Cadets are expected to support each other.

IV. Teamwork/Effort

- A. The Cadets best effort is expected at all times.
- B. Cadets shall work well in a team and function in all positions.
- C. Any action that hinders or disrupts team drills or classroom activities will not be tolerated.
- D. Cadets are expected to offer help to team members.

V. **Insubordination**

A. Disobedience of any orders issued by an Officer or Instructor shall not be tolerated.

VI. **Appearance**

A. All Cadets shall report to the Academy in the proper attire.

B. Proper Attire for the Academy includes; Teen Academy shirt, hat, and ID card, dark colored shorts and tennis shoes.

C. All Uniforms shall be clean and neat in appearance.

VII. **Substance Abuse**

A. Alcoholic beverages or illegal drugs shall not be permitted at the Boone County Teen Academy.

B. Any use of prescription drugs or over the counter drugs which may affect your performance at the Academy must be brought to the attention of the Teen Academy staff.

C. Tobacco use is prohibited at the Teen Academy.

VIII. **Discrimination and Sexual Harassment**

A. The Boone County Teen Academy shall not condone nor tolerate incidents or circumstances of discrimination, harassment, or sexual harassment.

B. The Officers and instructors shall take prompt corrective action when they become aware of any type of discrimination, harassment, or sexual harassment.

IX. **Accountability and Responsibilities**

A. Each Cadet is responsible for his/her actions.

B. Each Cadet shall report to the Academy on time.

C. Each Cadet shall be respectful

D. Each Cadet shall give 100 %

E. Each Cadet is responsible for knowing and adhering to this Code of Conduct and the Rules and Regulations given to you.

F. Each cadet shall have a good time!

E. Any violation of the Teen Academy Code of Conduct will result in the dismissal From the Academy. In the event of being dismissed from the Academy, my parents will be notified and will provide transportation from the Academy. No refund will be awarded in this circumstance.

By signing here I acknowledge that I have read, understand, and agree to abide by the above Boone County Teen Academy Code of Conduct.

Cadet Printed Name

Cadet Signature / Date

Parent Printed Name

Parent Signature / Date

LIABILITY RELEASE FORM

Participant(s) Name: _____

Address: _____

Telephone: _____

Request is hereby made for permission for my son/daughter(s) to participate in the Teen Academy and related exercises conducted by the Boone County Sheriff's Office/ Lebanon Fire Department.

In consideration of receiving such permission, I hereby agree to release and hold harmless The County of Boone, Boone County Sheriff's Office, City of Lebanon, Indiana, the Lebanon Fire Department, and their agencies, officers, and employees, from any and all liability for any injury my child might suffer directly or indirectly arising from the participation of my child in the Teen Academy. This release is freely and voluntarily entered into by me in consideration of the grant of permission for my child to participate in the Teen Academy, and this release shall be binding upon me and my heirs, beneficiaries, and personal representatives.

Parent or Guardian Signature: _____ Date: _____

Media/Photo Release Authorization

As a parent of a child enrolled in the Boone County Sheriff's Office/ Lebanon Fire Department Teen Academy, I understand and agree to the following conditions:

1. Members of various news media outlets will be on site at our academy from time to time for the purpose of recording and reporting to the general public on the success of our program. This may include newspaper, radio, and television.
2. The Department may employ a person to record most of our camp on professional grade television recording equipment for the purposes of creating promotional videos for future events, creating souvenir tapes for the participants, and to create training videos to use in other aspects of our Public Education mission.
3. The Department will be taking photographs during the week, which may be used on our official Department Website or other promotional outlets.
4. Participants and staff members under the age of 18 will only be identified to the media and general public by their first names.
5. My child will only be eligible to participate in the academy if I agree to these conditions and sign below. Refusal to sign this form will prohibit your child from attending our academy.

Parent's Signature _____ Date _____