

Edwardsville Police Department Youth Academy Application

LAST NAME FIRST MIDDLE INITIAL

STREET ADDRESS

CITY ZIP

HOME PHONE _____

EMERGENCY PHONE _____

AGE ____ DATE OF BIRTH ____/____/____

SEX ____ HEIGHT ____ WEIGHT ____

GRADE ____ (to assist in team assignments)

T-SHIRT SIZE (CIRCLE ONE) ADULT SIZES

SMALL MEDIUM LARGE EXTRA-LARGE

PARENT OR GUARDIAN NAME (please print)

PERMIT:

ACADEMY PARTICIPANT NAME (please print)

TO PARTICIPATE IN THE EDWARDSVILLE POLICE YOUTH ACADEMY, I HEREBY RELEASE OF ALL LIABILITY, THE CITY OF EDWARDSVILLE, ITS ELECTED OFFICIALS, THE EDWARDSVILLE POLICE DEPARTMENT AND ITS EMPLOYEES, AND ST. MARY'S PARISH AND ITS EMPLOYEES, BOTH COLLECTIVELY AND INDIVIDUALLY, OF ANY INJURY, PHYSICAL OR EMOTIONAL, THAT MAY RESULT FROM HIS/HER PARTICIPATION IN THE EDWARDSVILLE POLICE YOUTH ACADEMY.

SIGNATURE OF PARENT/GUARDIAN DATE

Heath & Medical Information

If you answer yes to any of the following questions, please explain carefully.

Does the academy applicant have any special challenges? For example: visually or hearing impaired, learning disability, behavioral disorder, etc.? If so, please explain: (Use additional paper, if necessary)

Does the academy applicant have any known allergies or take allergy medication? YES _____ NO _____
If yes, please list below: (Use additional paper, if necessary)

Does the academy applicant have any of the following conditions for which he/she is currently or has been previously under medical care?

____ ASTHMA _____ DIABETES
____ EPILEPSY _____ HYPERACTIVITY
____ HEART DISEASE _____ ESPIRATORY PROBLEMS

Any other conditions or health concerns not listed above? Please describe below: (Use additional paper, if necessary)

Is the applicant taking any prescribed medications for above listed conditions? YES _____ NO _____

IF YES, TYPE _____
DOSAGE _____
WHEN TAKEN _____
FAMILY DOCTOR _____
PHONE _____
FAMILY DENTIST _____
PHONE _____

THE EDWARDSVILLE POLICE DEPARTMENT, ITS AGENTS AND ITS EMPLOYEES, ARE HEREBY GRANTED PERMISSION TO SECURE SUCH MEDICAL AID AND HOSPITAL SERVICES THAT THE YOUTH ACADEMY STAFF DEEM NECESSARY FOR THE PERSON NOTED ON THIS MEDICAL RELEASE FORM, IF HE/SHE WERE TO SUSTAIN AN INJURY OR ILLNESS DURING THE YOUTH ACADEMY PROGRAM. I HAVE INDICATED ALL HEALTH CONCERNS AND MEDICAL INFORMATION THAT THE YOUTH ACADEMY STAFF SHOULD BE AWARE OF REGARDING THE ABOVE STATED ACADEMY APPLICANT'S PHYSICAL AND MENTAL WELL-BEING.

SIGNATURE OF PARENT/GUARDIAN DATE

Edwardsville Police Department 2019 22nd Annual Summer Youth Academy



Session 19-22

Developing future Leaders

Are you ready to take the challenge



CITIZENSHIP RESPONSIBILITY KNOWLEGE

This upcoming summer, the Edwardsville Police Department will be hosting its annual Youth Academy.

The academy is a unique and exciting program developed to provide young boys and girls, ages 12 through 16, with a positive summer experience that is fun, challenging, and informative. The Youth Academy was founded on the principles of citizenship, responsibility, and knowledge. The primary focus of the Youth Academy Program is to bridge the gaps between law enforcement and youth while exposing them to activities that provide physical fitness, confidence building, team building, and the development of leadership skills. Some summer activities could include:

- Citizenship Class**
- Community Service Project**
- CPR - First Aid**
- Eagle Crest High Challenge Course**
- Eagle Crest Team Challenge Course**
- Navigation Skills**
- Leadership Class**
- Multi-Mile Hike**
- Presidential Fitness Testing**
- Problem Solving**
- Swimming at Raging Rivers Water Park**
- Ultimate Challenge**
- Physical Fitness**

Creating future leaders
by empowering the
youth of today

The Youth Academy is an intense two-week long leadership program that requires daily attendance. The Youth Academy meets Monday – Friday from 8:00 a.m. to 4:00 p.m. at St. Mary’s School gymnasium, located at 1802 Madison Avenue, Edwardsville, IL.

The Youth Academy will conclude with a graduation/awards banquet on Friday, June 14 at 6:30 p.m.

Summer 2019 Youth Academy:

Dates: June 3 – June 14, 2019
Time: 8:00 a.m. – 4:00 p.m.

Applications will be accepted after March 3, 2019, on a first come first serve basis. Priority will be given to students attending Edwardsville Public or Parochial Schools. The applicants prior conduct will be taken into consideration. Space is limited to 25 participants.

There is a non-refundable registration fee of \$60.00. Each participant should anticipate bringing a sack lunch and a drink each day.

Take the challenge

If you wish to apply, please fill out the application and mail it with a check made payable to Edwardsville Police Youth Academy:

Edwardsville Police Youth Academy
Attention: Officer Barb Frolik
Public Safety Building
333 S Main Street
Edwardsville, IL 62025

For additional information about the Youth Academy, please contact any of the following officers who are assigned to the School Resource Officer Division of the Edwardsville Police Department:

Youth Academy Coordinator
SRO Officer Barb Frolik
Lincoln Middle School
Phone: 655-7111
bfrolik@cityofedwardsville.com

Youth Academy Coordinator
SRO Officer John Arendell
Edwardsville High School
Phone: 656-7100 ext: 20121
jarendell@cityofedwardsville.com

SRO Sergeant Matt Breihan
SRO Supervisor
Phone: 656-7100 ext: 20652
mbreihan@cityofedwardsville.com

SRO Officer Joy Davis
Liberty Middle School
Phone: 655-5829 ext: 22111
jdavis@cityofedwardsville.com

DARE Officer Jarrod Sprinkle
Phone: 692-8791
jsprinkle@cityofedwardsville.com

DARE Officer Tony Dietz
Phone: 692-8791
tdietz@cityofedwardsville.com