



YOUTH ACADEMY

Overnight camp for grades 9-12

Tennessee Highway Patrol Training Center
283 Stewarts Ferry Pike
Nashville, Tennessee 37214

JUNE 23-27, 2014

Applications due no later than May 1, 2014

**Parents will receive notification of acceptance by June 1, 2014*



Application Checklist

**All items must be completed and included in your application packet. Failure to leave out required documents will result in your application not being eligible for acceptance.*

- Signed Application
- Signed Waiver of Medical Treatment
- Signed Photo Waiver
- Signed Release of Liability Waiver
- Essay why you wish to participate in the *THP Youth Academy*
- One Letter of Recommendation (ex. Teacher, Counselor, Local Sheriff, Police Chief, etc.)

**Completed applications should be emailed to Email.Safety@tn.gov*



Tennessee Highway Patrol Youth Academy



Application

Name _____ Age _____ D.O.B. _____ M F
 Social Security #: _____ TN Driver License #: _____
 Address _____ City _____ Zip _____
 School _____ Last Grade Completed _____
 Preferred Name _____

T-Shirt Size Small Medium Large X-Large 2XL

Parent/Guardian #1 _____ Home Phone _____
 Address _____ City _____ Zip _____
 Employer _____ Work Phone _____
 Employer Address _____ City _____ Zip _____
 Email Address _____

Parent/Guardian #2 _____ Home Phone _____
 Address _____ City _____ Zip _____
 Employer _____ Work Phone _____
 Employer Address _____ City _____ Zip _____
 Email Address _____

Emergency Contact _____ Phone _____
 Address _____ City _____ Zip _____

Have you ever been arrested, detained, or taken into police custody by a Law Enforcement Official? Yes No
 If yes, when and explain: _____

Have you ever been convicted of drug possession or used any illegal drugs? Yes No If yes, when and please explain: _____

**Both signatures below indicate that all information has been answered truthfully.*

Participant Signature

Parent/Guardian Signature

Participant Name (please print)

Parent/Guardian Name (please print)

Medical Information

Physician _____ Phone _____

Address _____ City _____ Zip _____

Dentist _____ Phone _____

Address _____ City _____ Zip _____

Hospital Preference _____

Health Insurance Provider _____ Policy # _____

Insurance Phone _____ List all Medical Conditions _____

List all food allergies and reactions _____

Dietary restrictions? _____ If yes, please explain _____

Is applicant required to take medication between the hours of 8:00 am and 4:30 pm? Yes No

If yes, what is the Medication(s) (Name/Dosage/Time) _____

All medications must be checked in with Sgt. Dan Smiley by the parent daily when your child is dropped off at the Training Center.

Parent Initials _____

**All medical emergencies will be treated as such and will be attended to by the Tennessee Highway Patrol as deemed necessary by academy personnel, instructors, and/or coordinators.*

Waiver of Medical Treatment

In the event of Illness or injury occurring to my son/daughter during attendance at Tennessee Highway Patrol, Youth Academy, I do hereby consent to whatever examination, anesthesia, x-ray, medical or surgical diagnostic procedure, or treatment, that is considered reasonable and necessary in the best judgment of the attending licensed physical and performed by, or under, the supervision of a member of the medical staff of the hospital furnishing medical services. I understand that, in the event of serious illness or injury, reasonable efforts to notify those listed in case of emergency will be attempted.

Participant Name _____

Parent/ Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____



RELEASE OF LIABILITY WAIVER

I, THE UNDERSIGNED, HEREBY AUTHORIZE MY SON/DAUGHTER TO PARTICIPATE IN THE TENNESSEE HIGHWAY PATROL YOUTH ACADEMY SUMMER PROGRAM. THE CAMP WILL TAKE PLACE ON JUNE 23- JUNE 27, 2014 AND WILL INCLUDE OVERNIGHT STAY FROM JUNE 23-JUNE 27 AT THE TENNESSEE HIGHWAY PATROL TRAINING CENTER LOCATED AT 283 STEWARTS FERRY PIKE, NASHVILLE, TN 37214.

I, THE UNDERSIGNED, GIVE PERMISSION FOR MY SON/DAUGHTER TO BE TRANSPORTED TO AND FROM SCHEDULED AND SPECIFIED EVENTS BY THE FOLLOWING MODES OF TRANSPORTATION: 1) VEHICLES OWNED AND OPERATED BY THE TENNESSEE HIGHWAY PATROL, OR 2) PRIVATELY OWNED VEHICLES.

I, THE UNDERSIGNED, IN CONSIDERATION FOR MY SON/DAUGHTER'S PARTICIPATION IN THE YOUTH ACADEMY OF THE TENNESSEE HIGHWAY PATROL, AND RECOGNIZING THAT SUCH ACTIVITY INVOLVES CERTAIN INHERENT RISKS AND DANGERS, HEREBY AGREE TO ASSUME THE RISKS ATTENDANT TO ALL ACTIVITIES ASSOCIATED WITH PARTICIPATION IN THE YOUTH ACADEMY OF THE TENNESSEE HIGHWAY PATROL.

I, THE UNDERSIGNED, FOR MYSELF, MY LEGAL REPRESENTATIVE(S), HEIRS AND ASSIGNS DO HEREBY RELEASE, WAIVE, AND DISCHARGE THE TENNESSEE HIGHWAY PATROL, THE TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY, THE STATE OF TENNESSEE, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ANY LIABILITY OF ANY NATURE WHAT SO EVER FOR ANY LOSS OR DAMAGE OR ANY CLAIM OF DAMAGES RESULTING FROM MY SON/DAUGHTER'S PARTICIPATION IN THE THP YOUTH ACADEMY.

I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE TENNESSEE HIGHWAY PATROL, THE TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY, THE STATE OF TENNESSEE, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, AND LIABILITY, INCLUDING ALL EXPENSES OF LITIGATION, AND INCLUDING ANY CLAIMS BROUGHT BY THIRD PARTIES, FOR INJURY TO MY SON/DAUGHTER OR ANY PERSON OR LOSS OF PROPERTY ARISING OUT OF MY SON/DAUGHTER'S PARTICIPATION IN THE YOUTH ACADEMY OF THE TENNESSEE HIGHWAY PATROL.

PARTICIPANT'S NAME (PRINT) _____

PARENT/GUARDIAN NAME (PRINT) _____

PARENT/GUARDIAN SIGNATURE DATE _____

TENNESSEE HIGHWAY PATROL WITNESS

WITNESS NAME (PRINT) _____

WITNESS SIGNATURE _____



PHOTOGRAPHY/VIDEO WAIVER

I, _____, hereby authorize The Tennessee Highway Patrol to photograph and/or video my child. I understand that these photographs or videos can be utilized for any promotional or training materials, recruitment flyers, display ads, commercial television, magazines, websites, newspaper articles and/or billboards to further promote future academies that the Highway Patrol may have.

Print Child's Participants Name (Printed)

Parents/Guardian Name (Printed)

Parents/Guardian Signature

Date

TENNESSEE HIGHWAY PATROL YOUTH ACADEMY
PARENTS INFORMATION PAGE

This Page is for you to keep!!

Drop Off/Pick up Location: THP Training Center
283 Stewarts Ferry Pike
Nashville TN 37214

Contact Information: Trp. Krystal Mathis
(615) 815-6481

****Parents are invited and encouraged to stay for the introduction of staff/ Rules and Regulation portion on the first day.****

Uniform Requirements and Regulations

- **All** cadets will be required to wear khaki pants and a collar shirt during classroom instruction.
- **All** cadets will be issued 2 T-shirts for PT (physical training) purposes. Shorts of an appropriate length will be worn during PT. While compression shorts are highly recommended it is not a requirement.
- **All** cadets will be required to maintain a neat and orderly appearance while in uniform.
- **All** cadets must bring with them all their equipment every day.
- **All** cadets must be in a clean uniform and consist of the following:
 - Sneakers (laced all the way up to top and tied)
 - Hair neatly combed out of the face, Females must have their hair pulled up into a pony tail
- **NO MAKEUP**
- **NO JEWELRY**
- **SHORTS MUST BE PULLED UP TO THE WAIST LINE**
- **NO SHORT SHORTS**
 - Khaki Pants (neatly pressed)
 - Collar Shirt (neatly pressed)
 - Dress Shoes

Rules for Camp

Use of obscenities, bullying or behavioral problems will not be tolerated and will result in the disciplinary action as follows:

First Offense- Written reprimand/ counseling session with parent/guardian

Second Offense- Removal from camp

Vandalism of any kind will not be tolerated and will result in the disciplinary action as follows: Written reprimand/counseling session with parent/removal from camp and parents may be required to pay restitution for damaged property.

The staff members of the Tennessee Highway Patrol Youth Academy are NOT responsible for any LOST, STOLEN OR DAMAGED items. It is recommended all electronic devices remain at home. If brought to camp, all I-pods, MP3 players or any other electronic devices will be turned off and stored in their bags.

All cadets' cell phones will be turned **OFF**. If a parent has an emergency and needs to get in contact with a cadet, they can call Trp. Mathis at (615) 815-6481. If an emergency arises with the cadet, a phone call will be placed to the parent /or guardian by a camp advisor.

We would recommend that any personal and non-emergency appointments during the week of the academy be rescheduled if possible. If the cadet cannot reschedule an appointment, they will be required to be signed out by a parent/guardian listed on the emergency contact information. If there are numerous appointments, the cadet will be asked to leave the program.