



DELAWARE STATE POLICE TROOPER YOUTH WEEK APPLICATION



June 24-June 28, 2019
(No cost to student)

Please return form to:
DSP Training Academy
TYW Coordinator
1453 N. Dupont Hwy.
Dover DE 19901
Ph. (302) 672-5459

**Most Recent
School ID**

Deadline for Applications is 3pm on May 24, 2019

Name of Applicant:

(Last) (First) (MI)

Address:

(Street) (City) (State) (Zip)

Applicant Email Address: _____

Phone: _____ Social Security Number: _____

Date of Birth: _____ Age: _____ Driver's License _____

School: _____ Current Grade: _____ Adult Shirt Size: **S / M / L / XL**

Parent/Guardian Name:

Address (if different):

Telephone Number: (Home) _____ (Work) _____

Parent Email Address: _____

Emergency Name and Telephone Number (other than parent or guardian):

Have You Previously Applied for Trooper Youth Week: Yes or No

Have You Previously Attended Delaware State Police Trooper Youth Week: Yes or No

If so, when: _____

APPLICANT ESSAY

Please submit a TYPED One (1) page essay along with your application.

Topic: Why I would like to attend the 2019 Trooper Youth Week Program

Must Be Completed By School Counselor Or School Resource Officer:

Counselor / SRO Name: _____ Phone: _____

Recommendations / Comments: _____

Counselor's/SRO Signature: _____

APPLICANT REQUIRED ITEMS

WEARING APPAREL:

- ___ Modest night wear (e. g. T-shirt, shorts)
 - ___ Two pairs of ***tan*** trousers (similar to "***Dickies***" brand trousers)
 - ___ One pair black or dark brown colored shoes (not gym shoes)
 - ___ Sufficient white T-shirts, socks, and underwear for a week
 - ___ Brown or Black Belt
- (Shirts will be provided)

ATHLETIC APPAREL:

- ___ Athletic clothing (white T-shirt / blue short)
- ___ Athletic shoes / running shoes
- ___ Gym socks
- ___ Bathing Suit

ADDITIONAL ITEMS:

- ___ Bath towel / Wash cloth
 - ___ Shower Slippers
 - ___ Pillow and one pillow case (**white**)
 - ___ Two white single bed sheets (Both flat, not fitted.)
 - ___ Laundry Bag
 - ___ Swim Towel
 - ___ Personal toiletry items
- (Blankets are provided)

No facilities are available for the purchase of any of the above articles. It is suggested that no large sums of money be brought to the Academy. However, Delaware State Police memorabilia, shirts, hats, etc. will be available for sale at then end of the week.

All Applicants: Do not bring jewelry, candy, gum, any electronic devices, Ipod's, radios, cellular phones, etc. Male Applicants will be expected to be clean shaven every day with a military hair cut. Females will be expected to wear their hair in a bun; if appropriate. No earrings, nose rings or belly rings will be permitted.

TROOPER YOUTH WEEK RELEASE

I, _____, being over twenty-one (21) years

(Print Parent's Name)

of age, and being parent and/or guardian of _____,

a minor of () years of age, in consideration of being made available to said minor the facilities at the Delaware State Police Training Academy, Dover, Delaware, during the year 2019, do hereby covenant and agree with the Delaware State Police of the State of Delaware, their assigns, that neither said minor nor I, individually, or as a parent and/or guardian of said minor, will ever institute any law suit, action at law, or make any claim against said State, their officers, agent, employees or members for or by reason of any damage, loss or injury either to the person or property or both, whether developed or undeveloped, resulting or to result, known or unknown, which occur during or as a result of any participation of events known as Trooper Youth Week.

Parent / Guardian's Signature _____

Date _____



TROOPER YOUTH WEEK MEDICAL FORM

**To be filled out and signed by examining doctor:
(A copy of a physical may be attached, if completed within last 12 months)**

State Following Condition of:

Heart_____

Temp_____

Lungs_____

S/P or Hernia _____

Eyes_____

Athletes Foot_____

Sinuses_____

Throat_____

Ears_____

Teeth_____

Polio Shots: Series_____ # of Shots_____ Date_____

Tetanus shot: Date_____

General Health: _____

Physician's signature: _____

Date: _____

**Any Student taking a prescribed medication must have physician's signature.
Medication must be registered with the Academy personnel upon arrival.**

Prescribed
Medication: _____

**Physician's
Signature:** _____

Additional Case Information: _____

Must be completed by parent / guardian:

Medical Insurance: _____ Policy # _____

Parent /Guardian's
Signature: _____