



## DELAWARE STATE POLICE TROOPER YOUTH WEEK APPLICATION

June 17th-21st, 2024  
(No cost to student)



**Please return form to:**  
DSP Training Academy  
Sgt. Brett A Cordrey  
TYW Coordinator  
1453 N. Dupont Hwy.  
Dover, DE 19901  
Ph. (302) 672-5457

**Most Recent  
School ID**

**Deadline for Applications is 4pm on May 24, 2024**

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 2024 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) | ___ Gym socks    |
| ___ Athletic shoes / running shoes                 | ___ Bathing Suit |

### **ADDITIONAL ITEMS:**

- |  |                             |
|--|-----------------------------|
| ___ Bath towel / Wash cloth                              | ___ Laundry Bag             |
| ___ Shower Slippers                                      | ___ Swim Towel              |
| ___ Pillow and one pillow case ( <b>white</b> )          | ___ Personal toiletry items |
| ___ Two white single bed sheets (Both flat, not fitted.) |                             |
- (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 the end of the week.

**All Applicants:** Do not bring jewelry, candy, gum, any electronic devices, cellular phones, etc. Male Applicants will be expected to be clean shaven every day with traditional military syle haircuts. 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 2024, 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: \_\_\_\_\_

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**Must be completed by parent / guardian:**

Medical Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Parent /Guardian's  
Signature: \_\_\_\_\_

DELAWARE STATE POLICE TROOPER YOUTH PROGRAM  
**INFORMED CONSENT, RELEASE AGREEMENT & AUTHORIZATION**  
(REV. 09-18)

APPLICANT INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX

**INFORMED CONSENT, RELEASE AGREEMENT, & AUTHORIZATION**

I understand that participation in the Delaware State Police Trooper Youth Program and activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Delaware State Police, the State of Delaware, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In the case of emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

EMERGENCY CONTACT			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
CELL PHONE NO.	ALTERNATE PHONE NO.	RELATIONSHIP TO APPLICANT	

**TALENT RELEASE AGREEMENT**

I hereby assign and grant to the Delaware State Police Trooper Youth Program and the Delaware State Police the right and permission to use and publish the photographs/films/videotapes/electronic representations and/or sound recordings made of me or my child, and I hereby release them from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Delaware State Police Trooper Youth Program and the Delaware State Police, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

AUTHORIZATION	
I hereby certify that the information contained herein this form is true and accurate to the best of my knowledge. Additionally, I approve and authorization the participation of the applicant.	
PARENT/GUARDIAN SIGNATURE	DATE
APPLICANT SIGNATURE	DATE