



DELAWARE STATE POLICE TROOPER YOUTH WEEK APPLICATION



June 16th-20th, 2025
(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 23, 2025

Name of Applicant:

(Last) (First) (MI)

Address: _____

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

Applicant Email Address: _____ Driver's License: _____

Phone: _____ Social Security Number: _____

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

_____ 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 2025 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 / black 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 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 2025, 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: _____

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