



Tommy Ford  
Sheriff

# Bay County Sheriff's Youth Academy



**1<sup>st</sup> week: June 5<sup>th</sup> thru June 9<sup>th</sup>**

**2<sup>nd</sup> week: June 19<sup>th</sup> thru 23<sup>rd</sup>**

The BCSO Youth Academy is a 5-day interactive program funded by private donations and the Bay County Sheriff's Office; therefore, no expense is incurred by the parent / guardian or participant. Bay County Sheriff's Office School Resource Deputies, civilian counselors, medical personnel as well as many featured speakers take pride in teaching today's youth in positive decision making, proper communication skills and survival during this 5-day period.

**Boys and Girls ages 13 – 16,  
residing within the boundaries of Bay County are invited  
to attend.**

Some activities the participants will be engaging in  
during the week are:

Fishing. Hiking, Blacksmith, Leather smith, Survival Skills, and  
Other Organized Trips

Educational demonstrations are provided by the Bay County  
Sheriff's Office

and other assisting agencies.

**Things to Bring:**

Water or sports drink    Bug repellent    Sunscreen    Prescription Medications (if needed)

\*\*\*\*\*

**Things not to Bring:**

Radios    Cell phones    Cameras    Jewelry    Money    Lighters    Alcohol  
Knives    Fireworks

**Tobacco products or weapons of any kind are prohibited.**

*If these items are brought to the academy, they will be taken from the youth, held until the end of session and returned to the parent/guardian, providing no criminal charges are pending.*

\*\*\*\*\*

**All participants will be notified as to which week they will be attending.**

***Participants will need to meet no later than:***

**9:00 am on the Monday morning of the week that they are attending the Academy, in the back parking lot of the Sheriff's Office located at:**

**3421 N. Hwy 77**

**Panama City, Florida**

**Parents/Guardians will need to pick up all participants**

**No later than 4:00 p.m. at the Sheriff's Office at the same drop off location as that morning.**

\*\*\*\*\*

**For questions or additional information, please contact:**

**Amanda Brogdon**

**850-248-2159**

**Community Services Division Staff Assistant**

**\*\*\*KEEP THIS PAGE FOR YOUR INFORMATION\*\*\***

**AND ONLY TURN IN THE NEXT 2 APPLICATION PAGES**

# Bay County Sheriff's Youth Academy Application

\*\*\*\*\*

Shirt Size: \_\_\_\_\_

Name of Youth \_\_\_\_\_ Age \_\_\_\_\_  male  female

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Youth Information

Any problem areas which camp staff should be aware of, please check one.

Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> <input type="checkbox"/> alcohol use	<input type="checkbox"/> <input type="checkbox"/> running away	<input type="checkbox"/> <input type="checkbox"/> fighting	<input type="checkbox"/> <input type="checkbox"/> gang activity
<input type="checkbox"/> <input type="checkbox"/> drug use charges	<input type="checkbox"/> <input type="checkbox"/> fire setting	<input type="checkbox"/> <input type="checkbox"/> lying	<input type="checkbox"/> <input type="checkbox"/> present criminal
<input type="checkbox"/> <input type="checkbox"/> tobacco use charges	<input type="checkbox"/> <input type="checkbox"/> violent behavior	<input type="checkbox"/> <input type="checkbox"/> defiant	<input type="checkbox"/> <input type="checkbox"/> past criminal
<input type="checkbox"/> <input type="checkbox"/> stealing	<input type="checkbox"/> <input type="checkbox"/> skipping class	<input type="checkbox"/> <input type="checkbox"/> threats	<input type="checkbox"/> <input type="checkbox"/> respect for authority

If yes to any or have other concerns, please describe: \_\_\_\_\_

Has the youth ever been hospitalized for drug, alcohol or emotional problems?  Yes  No. If yes, did youth successfully complete the program?  Yes  No.

Has youth ever attempted or threatened suicide:  yes  no

Is youth currently on medication?  Yes  No. If so, what type? \_\_\_\_\_

Allergies to the following:

**Medications:** \_\_\_\_\_

**Food:** \_\_\_\_\_

**Insects:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Additional information regarding youth that may be beneficial to camp staff: \_\_\_\_\_

**BAY COUNTY SHERIFF'S**  
**"Youth Academy"**  
**PROGRAM RELEASE & REGISTRATION**

Name of Youth: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work / Cell Phone Number: \_\_\_\_\_

**Additional Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_, I hereby agree:

1. To give permission to participate in approved camp activities, except as authorized by doctor's orders.
2. To give the Bay County Sheriff's Office complete authority regarding discipline matters.
3. To give the Bay County Sheriff's Office permission to transport my child.
4. To give permission for my child to be photographed and participate in public speaking activities.
5. To give the Bay County Sheriff's Office permission to search my child and/or their personal belongings for contraband, at any time, during their participation in the Wilderness Camp program.
6. To give, upon request of camper, aspirin or Tylenol for headaches.

Agreed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Parent/Legal Guardian)

**AFFIDAVIT**

State of Florida, County of Bay

Before me personally appeared the said \_\_\_\_\_, who states that he/she executed the above instrument of his/her own will and accord, with full knowledge of the purpose thereof.

Personally known \_\_\_ or produced identification \_\_\_. Type of ID & Number \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20-\_\_\_\_\_

**(Notary Seal)**

\_\_\_\_\_  
(Signature of Notary Public, State of Florida)

\_\_\_\_\_  
(Print/Type or Stamp Commissioned Name of Notary Public)

# Bay County Sheriff's "Youth Academy" Report of Medical History

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Last    First    Middle

Has the applicant ever had (check at left of each item)

Y	N		Y	N		Y	N	
		Allergy to Drugs			Jaundice			Diabetes
		Allergy to Bee Stings			Skin Disease			Rupture/Hernia
		Diphtheria			Broken Bones			Epilepsy or Seizures
		Ear, Nose, Throat Trouble			Stomach Trouble			Bleeding Tendencies
		Hearing Trouble			Head Injury			Tumor, Growth, Cyst, Cancer
		Hay Fever			Measles			Trouble Sleeping
		Frequent Colds			Mumps			Frequent or Bad Dreams
		Pneumonia			Rheumatic Fever			Kidney Trouble
		Asthma			Scarlet Fever			Bowel Trouble
		Shortness of Breath			Smallpox			Bed Wetting
		Tuberculosis			Chicken Pox			Appendicitis
		Severe Tooth Trouble			Whooping Cough			Other:
		Eye Trouble			Swollen/Painful Joints			Other:

Normal	Check Each Item in Appropriate Column	Abnormal	Normal	Check Each Item in Appropriate Column	Abnormal
	1. Head, face, neck, scalp			9. Heart	
	2. Nose			10. Vascular system	
	3. Sinuses			11. Abdomen, viscera, hernia	
	4. Mouth, throat, teeth			12. Anus & rectum	
	5. Ears, general			13. Extremities	
	6. Eyes, general (wears glasses)			14. Spine & Musculoskeletal	
	7. Pupils (equality & reaction)			15. Skin & Lymphatics	
	8. Lungs, chest, breasts			16. General System	

**Allergies:** \_\_\_\_\_

Medication: \_\_\_\_\_

Insects: \_\_\_\_\_

Food: \_\_\_\_\_

Other: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Bay County Sheriff's Office Youth Academy Waiver and Release of Liability Form

I hereby give my permission for my child(ren) to participate in the Bay County Sheriff's Office Youth Academy. Participation in any program which involves physical activity exposes the person(s) to certain risks and dangers. Accidents and injuries are always a possibility, and it is impossible to foresee and protect the person(s) from all conceivable dangers.

I understand that the B.C.S.O Youth Academy may exclude my child(ren) from the Youth Academy in the event that they disrupt, impede or interfere with the operations of the Youth Academy, or threaten the health, safety or welfare of other participants or staff.

**Medical Consent:** I understand that the B.C.S.O Youth Academy and its staff will make every effort to contact me in case of an emergency. I give my permission for the B.C.S.O Youth Academy to administer any medications needed and to provide and arrange for and consent to any necessary medical treatment for my child(ren) while at the program, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

\_\_\_\_\_ I accept \_\_\_\_\_ I decline medical care for my child(ren)

**Photography Release:** In consideration of my child(ren)'s participation at the B.C.S.O Youth Academy, and without any further consideration from the B.C.S.O Youth Academy, I hereby grant permission to the B.C.S.O Youth Academy, staff and affiliates to utilize my child(ren)'s appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. The B.C.S.O Youth Academy may use my child(ren)'s, likeness, voice, and biographical material in connection with publication, promotion, exhibition, and distribution of such material. I understand that no royalty, fee, or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

\_\_\_ I accept \_\_\_ I decline photography release for my child(ren)

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my own behalf and on behalf of my child(ren), I hereby voluntarily release and forever discharge the Bay County Sheriff's Office, its trustees, officers, employees, agents, insurers and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child(ren)'s participation in B.C.S.O Youth Academy.

I agree, for myself and my child(ren), not to make any type of legal or equitable claim on the Bay County Sheriff's Office, or any of its trustees, officers, employees, agents, insurers or contractors with respect to any injury I or my child(ren) may suffer, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the B.C.S.O Youth Academy, including other campers. I further agree that if any such claim is made, I will indemnify and defend the Bay County Sheriff's Office with respect to any such claim, injury, or damage.

Name of Participant(s)/Age(s):

\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian Full Name:

\_\_\_\_\_

State of Florida, County of Bay

Before me personally appeared the said \_\_\_\_\_,  
who states that he/she executed the above instrument of his/her own will and accord,  
with full knowledge of the purpose thereof.

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_

Type of ID & Number \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_

\_\_\_\_\_  
**(Notary Seal)**

(Signature of Notary Public, State of Florida)

\_\_\_\_\_

(Print/Type or Stamp Commissioned Name of Notary Public)

\_\_\_\_\_