



Welcome to the Essex County Sheriff's Department 2015 - Youth Leadership Academy



IMPORTANT



**ALL APPLICATIONS MUST BE COMPLETE AND MAILED
NO APPLICATIONS WILL BE ACCEPTED BY FAX OR E-MAIL**

We will accept questions by e-mail or telephone

PLEASE READ – NEW INFORMATION

The 2015 Youth Leadership Academy held during the summer months is free for each participant. Each applicant can apply for the week in which their city/town is listed. Applicants are placed on the active list on a “first come, first serve” basis. In the event the week for their city/town is filled, the applicant will be placed on the wait list. He/she may be given the opportunity to attend an alternate week. For all applications received by May 31, 2015, a confirmation notification or wait list notification will be sent no later than June 18, 2015. This notification will be sent via e-mail or telephone call. In the event the applicant is placed on a wait list, the parent/guardian may be contacted and given the opportunity for the applicant to attend an alternate week.

Signatures are required on the application and each waiver. If the signature is omitted, the application will be considered incomplete and the applicant will automatically be placed on the wait list.

The following pages include: Academy Dates, Application, Activity Schedule, Bus Schedule, Rule and Regulations of the Academy, Waivers, Releases and other pertinent information.

For information and updates please go to: www.mass.gov/essexsheriff/



ALL APPLICATIONS ARE TO BE MAILED - DO NOT E-MAIL OR FAX

Essex County Sheriff's Department

Attention: Youth Leadership Academy – Executive Assistant Judy Lacroix
20 Manning Avenue, Middleton, Ma 01949

Participants may attend one week only and are selected from the applications submitted and are selected on first come first serve basis

The following is the information list included in this document.

Highlighted pages must be mailed. Other sheets are for your information.

Please review these sheets prior to your child attending YA

Page: 1 – Welcome – New Information

Page: 2 – Schedule

Page: 3 – Application

Page: 4 – Medical

Page: 5 – Release/Waiver – Junior & Senior Academies

Page: 6 – Attendance Information

Page: 7 – Bus, Pick-up & Drop off Schedule

Page: 8 – Bus Schedule & Locations

Page: 9 – Pick up Form – Junior & Senior Academies

Page: 10 – Jump-On- In Waiver – Junior Academy

Page: 11 – Ropes Waiver – Senior Academy

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Page: 13 – Rock Wall Waiver – Junior Academy

Page: 14 – Rock Wall Medical – Junior Academy

Page: 15 – Parent Survey



ESSEX COUNTY SHERIFF'S DEPARTMENT YOUTH LEADERSHIP ACADEMY



Dear Parents/Guardian(s),

Thank you for choosing the Essex County Sheriff's Department Leadership Academy. The Academy is a non-profit educational service designed to provide a structured youth diversion program for at risk adolescents. There are two age groups: The Junior Academy serves ages 8 -11 and the Senior Academy serves ages 12-15. This well-structured and disciplined program will use a wide variety of game and team-building activities which will help develop teamwork and cooperation. Your child will be challenged both physically and mentally. This will help prepare the participants for the challenges of the high and low ropes course. Please be advised that some of these activities can be physically demanding. Safety is a very high priority for all participants.

Please provide all the information requested on the application. If a situation or health issue is not on the application, please provide us with that specific information pertaining to your child. If you feel your child cannot participate in certain activities please provide that information on the application or contact us prior to his/her participation at the Academy.

It is important that you read all the information that we have provided. This will help enable us to provide a creative, enjoyable and positive experience for your child.

FOR MORE INFORMATION PLEASE CALL 978-750-1900 EXT 3312 OR E-MAIL US WITH YOUR QUESTIONS AT ya@eccf.com All applications must be mailed.

**ALSO PLEASE REFER TO OUR WEBSITE FOR UPDATES AND CHANGES
www.mass.gov/essexsheriff/community**

SCHEDULE OF CITIES AND DATES

Week	Date	CITY/TOWN
1	6/29 – 7/3	Haverhill – Salisbury – Amesbury
2	7/6 – 7/10	Danvers - Ipswich - Newburyport – Newbury – West Newbury
3	7/13 – 7/17	Lynn – Gloucester – Rockport – Essex – Manchester
4	7/20 – 7/24	Haverhill – Merrimac – Groveland – Georgetown
5	7/27 – 7/31	Lawrence – Methuen – Andover – North Andover
6	8/3 – 8/7	Middleton – Salem - Marblehead – Nahant – Swampscott
7	8/10 – 8/14	Lynn – Lynnfield - Saugus – Peabody – Topsfield – Rowley – Boxford
8	8/17 – 8/21	Lawrence – Beverly – Hamilton – Wenham



The Youth Leadership Academy is funded by the Essex County Sheriff's Department and a grant from New England High Intensity Drug Trafficking Areas "HIDTA"

THIS YEAR'S ACTIVITIES INCLUDE (not a complete list)

Rock wall – Fishing Trip – Ropes Course – Laser Quest – CPR Course – Internet Bullying Class
Drug & Alcohol Awareness – MSPCA, Methuen – US Coast Guard – and other events

To enroll your child for the 2015 Youth Leadership Academy please fill out the application and mail to:

Essex County Sheriff's Department,
Attention: Youth Leadership Academy – Executive Assistant Judy Lacroix
20 Manning Avenue, Middleton, Ma 01949

For Internal Use Only	Date Received _____	Allergy _____
Active List _____	Wait List _____	Recent Injury _____
	Date Confirmed _____	Other _____
	By _____	None _____
Paperwork Complete _____	Paperwork Not Complete _____	Meds _____



**2015 LEADERSHIP ACADEMY APPLICATION
MUST BE MAILED**



**If mailing more than one application together, applications must be clearly separated.
All sheet for one application should be stapled together. To insure siblings' applications are not separated, mail applications in one envelope.**

Participants are selected from the applications submitted and are selected on first come first serve basis

PLEASE PRINT CLEARLY

NOTE: You must apply for the city in which you reside. All information must be provided in full. If any information is omitted, your child will be placed on the wait list until all information is provided, this includes any necessary signatures and waivers. If the week is filled, the applicant will be placed on the wait list. The applicant may be given the opportunity to attend an alternate week.

PLEASE CHECK ONE OF THE FOLLOWING – One application per child

- ___ Ages 8–11 Junior Leadership Academy
___ Ages 12–15 Senior Leadership Academy

Attending week of _____ To _____ Week # _____ City/Town _____

Child's Name _____

Date of Birth _____ Age _____ Sex: M _____ F _____

Address _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) Name _____

Primary contact number _____ **Secondary** number _____

E-mail Address _____

If you are not available in an emergency, who should be contacted?

Name _____ Phone Number _____

Relationship to Child _____

My child will be taking the bus _____ Bus Location (City/Town) _____ Time _____

I will drop my child off at the Essex Technical High School (formerly Essex Aggie) _____

T-Shirt size: Child _____ **or** Adult _____ SM _____ MED _____ LG _____ XLG _____ XXLG _____

Please respond to each question fully. To avoid issues, each question must have a response. (2015)

Name of Participant _____

INSURANCE INFORMATION

Is your child covered by family medical/hospital insurance? Yes____ No____

If yes, please indicate carrier or plan name

_____ Group # _____

Carrier's Address _____

Name of Insured _____ Relationship to Child _____

MEDICAL INFORMATION

Does your child have any current or past medical conditions that could affect his/her ability to participate in the Leadership Academy? Yes____ No____

If yes, please explain:

Is your child taking any medication(s)? Yes____ No____

If yes, please state what medication and the condition for which your child being treated.

Does your child have any of the following conditions? Yes____ No____

____ Recent injury ____ Recent Surgery ____ Diabetes

____ Food Allergies ____ Medication Allergy ____ Asthma

____ Inhaler ____ Epi Pen ____ Other Allergies

____ Chronic or recurring illness

If you check any of the above, please provide all additional and specific information:

PLEASE NOTE:

Any of the above information may require further documentation or note from physician.

Any medications/epi-pens/inhalers will be held by a Sheriff's Staff Member throughout the course of the day. Medications must be in the original prescription container with the child's name.

Do you authorize the Sheriff's Staff Member to assist in the administering of your child's medication if necessary? Yes____ No____ Does not apply____

Please state the medication(s): _____

Parent/Guardian Signature _____

RELEASE OF LIABILITY - ACKNOWLEDGEMENT OF RISK

I understand that I/We are voluntarily participating in the Essex County Sheriff's Department Leadership Academy. In an effort to best serve my child, I give permission to allow the Essex County Sheriff's Department's Staff to speak freely with the school and any/all of the individuals named on this application who are working with my child.

WAIVER OF CLAIMS

I have been made fully aware of and understand the purpose, specific activities and risks in which my child will participate during his/her participation in the Essex County Sheriff's Department Leadership Academy. Therefore, I hereby agree to indemnify and hold harmless, release and forever discharge the Essex County Sheriff's Department, their employees, agents, successors and assigns from any and all manner of actions, suits, claims, demands, damages, and liability (including negligence claims) in law and in equity which may arise or result from my child's participation in the Essex County Sheriff's Department Leadership Academy including costs and reasonable attorney fees. The terms herein shall serve as a release not only for me but also for all members of my family. I/We assume the risk of any and all injuries that may occur during participation in the program. Moreover, I acknowledge that I have been made fully aware of and understand the Department's procedure for administering medications to my child, if necessary, and authorize them to act accordingly and in the manner set forth in the application packet herein.

Parent/Guardian: _____
Print Name Signature

Date: _____

PHOTO/MEDIA RELEASE

I grant to the Essex County Sheriff's Department Leadership Academy the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of the participant for use in materials they may create.

Parent/Guardian: _____
Print Name Signature

Date: _____



PLEASE MAIL COMPLETED FORMS TO

Essex County Sheriff's Department
 Attention: Training Department - Leadership Academy
 20 Manning Avenue, Middleton, Ma 01949

Participants are selected from the applications submitted and are selected on first come first serve basis

PLEASE PRINT – SAVE & READ AGAIN PRIOR TO YOUR CHILD ATTENDING**ATTENTION: PARENT/GUARDIAN****CONTACT NUMBER 978-750-1900 EXT 3312 FOR THE FOLLOWING INFORMATION**

- If your child is placed on the active list and will not be attending please notify us immediately.
- If your child is going to be **absent on any day**, you must leave a message by 8:30AM. If you need to contact your child while he/she is at the Academy, please call the above contact number.
- **No lunch is required on Friday.** There will be a cookout/graduation at 12 noon at Essex Technical High School, Route 62, Danvers, MA. Parent/guardians are encouraged to attend. You may take your child home immediately following the graduation.
- Sneakers are mandatory and must be worn at all times. Moreover, because of the nature of the activities, flip flops, sandals, half skirts, tank tops, short shorts, or pants below the beltline are prohibited. Please be advised that failure to comply with the foregoing may lead to your child being prohibited from participating in the day's activities and being sent home. **Please check the weather forecast, dress your child appropriately. Some activities are held outdoors.**
- **Please supply your child with a water bottle and lunch every day.** Snacks are also recommended. Backpack or carry bag is not necessary but recommended. **Please label with your child's name.** Sunscreen and bug spray are encouraged. Please ensure your child is dressed appropriately for the weather and activities.
- If any **medications** need to be brought to the Academy, the medication must be in the original prescription container and listed with your child's name. If the medication was not listed on the application, the parent/guardian must supply a signed note accompanying the medication and authorizing Department Staff to administer the medication to the child. The staff member will not administer without this information. A Sheriff's staff member will hold onto the medication.
- If a child has his/her cell phone, it must be placed in their backpack/carry bag and turned off. Please be advised that the use of cell phones during the day is prohibited. Failure to adhere to the foregoing may result in the confiscation of the phone, which will be returned at the end of the day.
- No child will bring drugs, alcohol, weapons, fireworks, headphones, Ipods, games, balls (of any kind), skateboards or electronic games to the Academy.

PLEASE BE ADVISED THAT FAILURE TO ADHERE TO ANY OF THESE RULES AND REGULATIONS MAY RESULT IN YOUR CHILD BEING DISMISSED FROM THE ACADEMY AT THE DISCRETION OF THE DEPARTMENT

PLEASE PRINT – SAVE
READ AGAIN PRIOR TO YOUR CHILD ATTENDING



****REMEMBER TO CHECK THE WEBSITE FOR ANY
 CHANGES AND UPDATES ON THE BUS SCHEDULE**



STUDENT PICK-UP / DROP OFF - PLEASE ABIDE BY THESE TIMES

YOUR CHILD MUST BEHAVE ON THE BUS! HORSEPLAY, FIGHTING, FOUL LANGUAGE AND OTHER FORMS OF MISCONDUCT ARE PROHIBITED AND MAY RESULT IN DISMISSAL FROM THE ACADEMY AT THE DISCRETION OF THE DEPARTMENT

****An adult must be present with the child at drop off and pick up locations. You will need to sign your child in and out.**

IF TAKING THE BUS

Your child must be at the designated bus stop location on time.
 In the afternoon, your child will be dropped off at the same location approximately 2:45 – 3pm. Please allow extra time for multiple bus stops.

IF DROPPING OFF AT ESSEX TECHNICAL HIGH SCHOOL
 (FORMERLY THE ESSEX AGGIE Rt. 62, Danvers, Ma)



Your child must be dropped off no earlier than 8AM and no later than 8:30AM at the Essex Technical High School, 562 Maple Street (Rt.62) Danvers, MA. See Youth Academy sign for parking. Your child must be checked in by a staff member.

**PLEASE TAKE NOTE: CHILD MUST BE PICKED UP BY 2:30PM
 FROM THE ESSEX TECHNICAL HIGH SCHOOL AT THE SAME
 LOCATION**

IF YOUR CHILD IS GOING TO BE ABSENT

Please leave a message at 978-750-1900 EXT 3312 BY 8:30AM that day.

IF YOU NEED TO REACH YOUR CHILD DURING THE DAY

Please call 978-750-1900 EXT 3312

FOR EMERGENCY USE ONLY

For emergency 24 hour calls only. Please call 978-750-1900 ext. 3302
 Someone will forward the call or information to the correct person.

PLEASE VISIT OUR WEBSITE FOR INFORMATION UPDATES AND CHANGES

www.mass.gov/essexsheriff/community

BUS LOCATIONS AND TIMES ARE SUBJECT TO CHANGE
PLEASE CHECK THE WEBSITE THE WEEKEND PRIOR TO YOUR
CHILD ATTENDING



2015 BUS SCHEDULE AND LOCATIONS

PLEASE NOTE: Please choose the best bus location for your child. Please adhere to the bus location you have chosen for the whole week. If there must be a change, please notify us as soon as possible. The first bus stop will be promptly at the time specified. **PLEASE BE ON TIME.** If there is a second and third bus stop for your region the times are approximate. Please be there for time specified. We have no control over traffic delays.

Week/Date

City/Town

1 - 6/29 – 7/3 Haverhill – Salisbury – Amesbury

8:00 am - JG Whittier Middle School, 256 Concord St., Haverhill

8:15 am - Tilton School, 70 Grove St., Haverhill- parking lot across from school

8:00 am - OCC Center, 80 Elm St. (RTE 110) Salisbury, back end of parking lot



2 - 7/6 – 7/10 Danvers - Ipswich - Newburyport – Newbury – West Newbury

8:00 - am Ipswich Police Station, 15 Elm St., Ipswich

8:00 - am National Guard Armory, Low St, Newburyport (across from Middle School)

Danvers - Drop child off at Essex Technical High School, Route 62



3 - 7/13 – 7/17 Lynn – Gloucester – Rockport – Essex – Manchester

8:00 am - O'Maley Middle School, 32 Cherry St., Gloucester

8:00 am - Lynn English High School, 50 Goodridge St., Lynn



4 - 7/20 – 7/24 Haverhill – Merrimac – Groveland – Georgetown

8:00 am - JG Whittier Middle School, 256 Concord St., Haverhill

8:15 am - Tilton School, 70 Grove St., Haverhill- parking lot across from school

8:00 am – Georgetown Public Library, 2 Maple St. Georgetown



5 - 7/27 – 7/31 Lawrence – Methuen – Andover – North Andover

8:00 am - Central Catholic High School, 300 Hampshire St., Lawrence

8:15 am - SLE Education Complex, 165 Crawford St., So. Lawrence

8:00 am - Merrimack College, 315 Turnpike St., North Andover (use parking lot by the Chapel)



6 - 8/3 – 8/7 Middleton – Salem - Marblehead – Nahant – Swampscott

Middleton - Drop child off at Essex Technical High School, Route 62

8:00 am - Collins Middle School, 29 Highland Ave., Salem - Powderhouse Ln., use lot near football field

7 - 8/10 – 8/14 Lynn – Lynnfield - Saugus – Peabody – Topsfield – Rowley – Boxford

8:00 am - Market Basket, 225 Nbpt Tpk, Rowley - use front end of lot closest to Rte 1

8:00 am - Lynn English High School, 50 Goodridge St., Lynn

8:15 am - Topsfield Fairgrounds, 207 Boston St., Topsfield - Parking Lot A

8:15 am – Higgins Middle School, 1 King St. Peabody



8 - 8/17 – 8/21 Lawrence – Beverly – Hamilton – Wenham

8:00 am - Briscoe Middle School, 7 Sophier Rd., Beverly

8:00 am - Central Catholic High School, 300 Hampshire St., Lawrence

8:15 am - SLE Education Complex, 165 Crawford St., So. Lawrence

PLEASE CHECK OUR WEBSITE FOR UPDATES AND CHANGES
BEFORE YOUR CHILD ATTENDS THE ACADEMY

ESSEX AGRICULTURAL & TECHNICAL HIGH SCHOOL



562 MAPLE STREET
PO BOX 362
HATHORNE, MA
01937



Student Program Information, Assumption of Risks and Agreements of Release and Indemnity

Essex County Sheriff's Department

School Name Youth Leadership Academy Program Date(s) _____

Dear Parent: WELCOME TO ESSEX AGGIE'S HIGH 5! Please read this document carefully. Parts I, II and III seek medical and other information about your child. Part IV contains important information about the High 5 experience and may affect your legal rights and those of your child in the event of an injury or some other loss. The document must be signed by at least one Parent.

Activities and Risks: High 5 programs are designed to be age appropriate and well within the capabilities of children in reasonably good health. They incorporate a variety of activities including games and problem solving initiatives. Each child may choose the level of his or her participation. Minimizing risks is a high priority at High 5, but participants and their families must understand that there are risks of physical or emotional injury, and must assume those risks. While the risk of injury is small, participants may suffer sprains, abrasions and other, more serious, physical and emotional trauma. Injuries and other losses can result from, among other causes, moderate to strenuous activity including the possibility of falling, abrupt contact with fixed and other objects and persons, close personal contact with other participants or staff members, including the possibility of inadvertent and unwelcome touching, and misjudgments of other participants. High 5 recommends that participants be covered by health and accident insurance for the duration of their participation.

Managing risks effectively is very important in all of our programs at Essex Agricultural & Technical High School. Please help us by providing the information requested below. Let us know if your child has any condition (current or past) that could affect his/her involvement in all activities and provide any other information that will help us provide a productive and enjoyable experience.

If you have any questions about your child's program, don't hesitate to call the Essex Agricultural & Technical High School's High 5 office at 978-750-9210.

Part I - General Information

Student's Name ----- Date of Birth _____

Address ----- Sex Male Female

Name of Parent/Guardian ----- Home Phone # _____

Address ----- Work Phone _____

Danvers Fire Department
64 High Street
Danvers, Massachusetts 01923
978-762-0245 Fax 978-762-0246

Dear Parent/Guardian(s):

Imagine you are a young child and you awaken one night to find your bedroom filling with smoke. Your house is on fire! What would you do?

To make sure your child has the skills that can potentially save his/her life, we will be teaching burn prevention and fire safety in class. A key element of this learning process will include a tour at school of the Fire Safety House.

This mobile classroom is specially designed to teach children vital burn prevention and fire escape techniques through a fun, safe simulation of common hazards. The fire Safety House is equipped with a kitchen, bedroom, and living room.

The House fills with a nontoxic water based smoke. This realistic environment teaches children to 'crawl low' to safety. A heated door helps children choose the right exit. An escape ladder is used to exit from the bedroom.

If your child suffers from asthma, other respiratory conditions or allergies that may be irritated by the nontoxic smoke, please indicate that below before allowing him/her to tour the House.

Note: All participants should wear pants/shorts and no-heeled shoes the day of the tour.

Check one Child's Name

My child _____ may tour the Fire Safety House.

My child _____ may not tour the Fire Safety House.

My child, has asthma, an allergy or respiratory condition that may be irritated by the nontoxic smoke and should not be in the House during that part of the program.

Parent/Guardian Signature

Date

Rock Wall Release and Assumption of Risk Form (Required for Group Participants)

Since La Vida's beginning in 1970, it has had an excellent safety record. All activities are well within safety limits and standard procedures are strictly enforced by trained instructors. The La Vida policy, "Challenge by Choice", means that each participant determines the level and extent of their participation. The staff will encourage participants to try each activity, but will not use or allow peer pressure to force any participant to do anything they would prefer not to do.

But we are required by law to inform each participant of the risk and danger involved in adventure activities. Therefore, this "Release and Assumption of Risk" form has been drawn up and must be signed by each participant and the parents of minors.

I am aware that during La Vida's Rock Wall certain risks and dangers may occur which are out of the control of the instructors. I further realize that I will be participating in activities in which the risk of an accident may be greater than in my normal way of life.

Although I know that safety procedures and precautions are in place, I know that I will be climbing vertical walls as high as 28 feet and that falls may occur possibly causing scrapes or other injuries.

In consideration of the right to participate in such activities, I have and do hereby assume all the above risks, and will hold Gordon College, and the Rock Wall Instructors harmless from all liability, actions, causes of actions, debts, claims, and demands of every kind and nature which might arise in conjunction with my participation in La Vida's Rock Wall.

I also acknowledge the fact that the instructors have the right to terminate my participation in the Rock Wall because of my health or physical condition. I agree that the decision of the instructors shall be binding upon me.

Name of Participant _____

Signature of Parent or
Legal Guardian _____ Date _____

Photo Release - I give La Vida and Gordon College permission to use any and all photos taken of me, during the Rock Wall and other La Vida activities for promotional materials.

Name of Participant _____

Signature of Parent or Legal Guardian _____

Rock Wall Medical History and Emergency Form

Name: (last)_____ (first)_____ (middle initial)_____

Address:_____ City:_____ ST:_____ Zip:_____

Phone: (____)_____ Age:_____ Date of Birth:_____ Sex:_____

Person to be notified in case of injury:_____ Relationship:_____

Home Phone: (____)_____ Work Phone: (____)_____

1. Confidential Fitness Readiness Questionnaire MUST BE FILLED OUT

Many health benefits are associated with regular moderate exercise, and we're glad you have chosen to increase your level of physical activity. For most people an increase in physical activity should not pose any problem or hazard. However, for a small number of adults an increase in physical activity, particularly rigorous physical activity, might be inappropriate. There are also those who should have medical advice in choosing a type and level of activity right for them. The following checklist can help guide you in how to proceed with your new choice, and will guide us in helping you reach the level of activity right for you. **Please check the following as they apply to you—**

- Yes No• Have you exercised regularly within the last 3 months?
- Yes• No Are you age 65 or older and not accustomed to vigorous exercise?

Please check the following symptoms or history which apply to you—

- | | | | |
|---|---|--|--|
| Heart/lungs | Vascular | Bones & joints | Nerves |
| <input type="checkbox"/> chest pains• | <input type="checkbox"/> leg cramps | <input type="checkbox"/> stiffness | <input type="checkbox"/> seizures• |
| <input type="checkbox"/> shortness of breath• | <input type="checkbox"/> varicose veins | <input type="checkbox"/> swelling | <input type="checkbox"/> tremors |
| <input type="checkbox"/> palpitations | <input type="checkbox"/> poor healing | <input type="checkbox"/> pain/tenderness | <input type="checkbox"/> fainting/blackouts• |
| | | <input type="checkbox"/> pain upon movement• | <input type="checkbox"/> dizziness/vertigo |
| | | <input type="checkbox"/> limited movement | <input type="checkbox"/> localized numbness |

Other

- cancer•
- coronary disease•
- arthritis
- Other: _____
- diabetes
- stroke•
- high blood pressure•
- high cholesterol

If you checked any items marked (•) above, please briefly explain:

Readiness Questionnaire Part II: Physician's Statement and Clearance Waiver

If you did not check off any of the items marked (•) in Part I, please sign the following statement:

I have not answered yes to any of the items marked (•). I certify I am in good health and have never been advised not to participate in strenuous exercise and have never been diagnosed with any health or physical condition such as heart condition, hypertension or other condition which would render my use of the Bennett Center's fitness center and other programs dangerous to my health.

Signature _____

Date _____

If you checked off any of the items marked (•), you are required to have a Physician's Statement and Clearance (PSC) form completed by your primary care physician prior to beginning activity in the climbing wall. Forms are available at the Control Desk. Please attach it to this form or bring it to the Control Desk at the Bennett Center. If you have not already provided us with a PSC form within the last 30 days, you must provide this form before beginning activity in the climbing wall OR you may sign the following statement:

Although I have answered YES to one or more of the items marked (•) in the Readiness Questionnaire, I have decided to forgo the Bennett Center's requirement to be provided with a Physician's Statement and Clearance (PSC) form from my primary care physician and I am aware of the risks associated with my activity.

Parent's/Legal Guardian's Signature _____ **Date** _____

Please fill out this sheet and send with application.
 My child did not attend 2014 Youth Academy_____

Junior/Senior

City_____

Youth Leadership Academy Parent Survey for 2014

If your child attended the 2014 Youth Academy please assist us in solidifying funding for next year's academy by filling out this short questionnaire. Please rate each question with a score of 1 through 5.

1 – No affect, 2 – Minor affect, 3 – Neutral, 4 – Moderate affect, 5 – Major affect

1. Did this program improve your child's knowledge of the dangers of drug use?

1 2 3 4 5

2. Did the Youth Academy improve your child's knowledge of the dangers of alcohol use?

1 2 3 4 5

3. Did the Youth Academy improve your child's knowledge of the dangers of cyberbullying?

1 2 3 4 5

4. Did the Youth Academy improve your child's personal ability to work in a team building environment?

1 2 3 4 5

5. Do you feel your child had an overall positive experience at the Youth Academy?

1 2 3 4 5