

THE TOWN OF GREENBURGH POLICE DEPARTMENT



2024 SUMMER YOUTH PROGRAM

Our youth program is designed to be a "mini" six week police academy
Starting July 8th and concludes
August 16th.

Participants will receive classroom instruction in:

- CPR
- Daily physical training
- First aid
- Criminal Law
- Police procedure
- Policies
- Water safety

In addition, attendees will receive lectures from guest instructors with expertise in areas of the criminal justice system. They will also take chaperoned field trips to various fun filled locations.

This is a Summer Youth Program for boys and girls ages 13, 14 and 15.

APPLICATIONS

Are

AVAILABLE

AT THE GREENBURGH POLICE DEPARTMENT FRONT DESK OR

www.greenburghny.com

Return completed forms, no later than Tuesday, May 21, 2024

For further information, please contact Lieutenant Hall
(914) 989-1715

GREENBURGH POLICE DEPARTMENT
188 TARRYTOWN ROAD, WHITE PLAINS N.Y.





**GREENBURGH POLICE DEPARTMENT
SUMMER YOUTH PROGRAM
188 Tarrytown Road, White Plains, New York 10607
July 08, 2024 through August 16, 2024**

NAME OF APPLICANT: _____

Last	First	Middle Initial	DATE OF BIRTH: Mo/Day/Year
<u>Age requirement: 13 to 15 years old</u>			

ADDRESS: _____

Street	Apt. #	City	Zip
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SCHOOL STUDENT WILL BE ATTENDING IN SEPTEMBER: _____ GRADE ENTERING / AGE

NAME OF PARENT OR GUARDIAN AUTHORIZING ATTENDANCE: _____ RELATIONSHIP TO APPLICANT

CONTACT TELEPHONE NUMBERS: Home: Work:

EMAIL: _____

HOW WILL YOUR CHILD ARRIVE AT PROGRAM? Bus Walk Drop Off

HOW WILL YOUR CHILD GET HOME FROM PROGRAM? Bus Walk Pick Up

NAME(S), ADDRESSES AND TELEPHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP CAMPER

NAME: _____ TELEPHONE: _____

ADDRESS: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

PLEASE LIST TWO RELATIVES WITH WHOM THE CAMPER CAN BE LEFT IN CASE OF EMERGENCY.
PLEASE PROVIDE ADDRESS AND TELEPHONE NUMBERS:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

NO APPLICATION WILL BE ACCEPTED WITHOUT A COMPLETED MEDICAL CLEARANCE FORM. AN ORIGINAL PHYSICIAN'S SIGNATURE IS REQUIRED. NO PHOTOCOPIES WILL BE ACCEPTED.

Parents and Youth upon being notified of entry into the police program via telephone, you MUST attend one of the following orientation meetings to be held at Greenburgh Town Hall at 7:00pm

Thursday, June 6, 2024 _____ or Friday, June 7, 2024 _____
(Please check one)

If you do not attend an orientation, your child will be disqualified from attending the 2024 Summer Youth Program, NO EXCEPTIONS!

NOTE: Youth will be required to attend program sessions in the uniform that will be furnished to them free of charge. Please provide us with your child's sizes in order that we may ensure that properly sized uniforms are available at the beginning of the program. Be as specific as possible in providing sizes. If your child is into adult sizes, specify adult and the appropriate size, (for example adult-large). Uniform shorts are worn around the waist, not hips, therefore your child's actual waist size (the circumference of the abdomen above the hips) should be provided.

SHIRT SIZE: _____

SHORT SIZE: Waist _____

AUTHORIZATION/WAIVER

I hereby apply to enroll _____ in the Greenburgh Police Department's Summer Youth Program and have answered all questions on this application to the best of my knowledge. I understand that the Greenburgh Police Department reserves the right to reject an application based on information contained in this document and to dismiss a camper for inappropriate behavior while in camp. It is understood that the Police Department accepts no responsibility for the loss or damage to the personal property of any youth. By my signature below, I also give permission to the medical personnel selected by the Greenburgh Police Department to administer, in my absence, emergency medical treatment to my child or ward while in their care. I further recognize that there are certain risks of physical injury associated with this camp and I agree to assume full liability for any injury, damage or loss that I or my child/ward may sustain as a result of such participation. I agree to waive and relinquish all claims and hold harmless the Town of Greenburgh and the Greenburgh Police Department, its sponsors, volunteers and employees from any and all claims that may arise as a result of my child or ward's participation in this program.

By my signature below, I also give permission for my child to participate in field trips.

Signature of Parent or Guardian: _____ Date: _____

Please be advised that this application is a five page document. All pages including the medical clearance form must be submitted. The full application is pages 1 through 5 and must be submitted together. Additional application packets may be obtained from:

**Greenburgh Police Department at 188 Tarrytown Road, White Plains, NY 10607
(914) 989-1715**

Greenburgh Town Hall, 177 Hillside Avenue, White Plains, NY 10607

Theodore D. Young Community Center, 32 Manhattan Avenue, White Plains NY 10607

Greenburgh Recreation Department, 11 Olympic Lane, Ardsley 10502

Mail or personally deliver completed forms, no later than Tuesday, May 21, 2024 to:

**Greenburgh Police Department
Youth Program
Lieutenant Norman Hall (914) 989-1715
188 Tarrytown Road
White Plains, New York 10607
nhall@greenburghny.com**

**Forms received after Tuesday, May 21, 2024 will not be accepted.
NO EXCEPTIONS!**

**P.A.C.T
Police and Community Together**



GREENBURGH POLICE DEPARTMENT

SUMMER YOUTH CAMP PROGRAM

188 Tarrytown Road, White Plains, New York 10607

2024 Youth Program

MEDICAL CLEARANCE FORM

Circle

One:

NAME OF APPLICANT: _____
M _____ F _____

NAME OF FAMILY PHYSICIAN: _____ TELEPHONE _____
NO: _____

(Items below this line must be completed by Physician)

DATE OF MOST RECENT PHYSICAL
EXAMINATION: _____

Month/Day/Year

**Immunization Record
from Doctor is
Required by Law**

IMMUNIZATIONS (Please Specify Exact Dates):

A. Diphtheria/Tetanus Toxoid (4 doses):

Dates: _____ / _____ / _____ / _____

B. Oral Polio Vaccine (3 or more doses):

Dates: _____ / _____ / _____ / _____

C. Live Measles Vaccine (1 dose) Date: _____

D. Live Rubella Vaccine (1 dose) Date: _____

E. Live Mumps Vaccine (1 dose) Date: _____

- 1) Some physical activities will be incorporated into the curriculum of the Police Youth Camp. These include running, sit-ups, push-ups, a bench press utilizing a Universal Machine, stretching exercises and some sports. Is there any reason why the person named on this application should not participate in these activities? If YES, please explain below.

- 2) Please list any illnesses or medical conditions of which we should be aware.

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Please submit original ONLY, copies will not be accepted and will result in disqualification.

PLEASE COMPLETE AND SIGN FORM

- 3) Please specify the name(s) of any medications this person may be

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required to take while at camp along with instructions for their administration.

SIGNATURE OF

PHYSICIAN: _____ DATE: _____

**Applications will not be considered without
completion of this form.**