



NORTH HUNTINGDON YOUTH POLICE ACADEMY



11279 Center Highway.
North Huntingdon, PA 15642
Telephone: 724-863-8800

ELIGIBILITY CRITERIA FOR THE NORTH HUNTINGDON TOWNSHIP YOUTH POLICE ACADEMY

- Applicants must be **11 to 15** years of age at the time of the program and reside within the “**Norwin**” area of Westmoreland County.
- Applicants must be willing and able to participate in a variety of physical fitness activities and abide by military discipline.
- **2022 Application Submission Deadline: *Monday, May 9***
 - **Submit pages 5 - 11** of this application to the address above...
Attention: Sergeant Dreistadt
 - *Any application received after the deadline may not be considered.*

*Final selection of the Cadet applicants will be made by the
North Huntingdon Township Youth Police Academy Coordinators*

- **2022 ORIENTATION Session: *Monday, JUNE 13 @ 8:00AM***
 - **Location: OAK HOLLOW PARK – North Huntingdon**
 - Will last approximately 30 minutes.
 - Applicants **MUST** attend the orientation session with at least one parent/guardian for an explanation of the program.
- **2022 Camp: *Monday, JUNE 13 - Friday, JUNE 17***
 - OAK HOLLOW PARK – North Huntingdon Township
 - Time: 8:00 AM – 3:15 PM
 - **Note:** *Cadets will be accompanied by a coordinator the entire week of program.*
 - *Cadets are asked to wear a plain grey t-shirt, black shorts and running shoes for the morning physical fitness portion.*
 - *Cadets will be provided a ‘uniform t-shirt’ that they will be asked to wear in the afternoon with the black “workout shorts”*



NORTH HUNTINGDON YOUTH POLICE ACADEMY



CAMP RULES

- Cadets will address coordinators/visitors as “**Sir**” or “**Ma’am**”, or appropriate rank – “**Patrolman**”, “**Corporal**”, etc.
- Abuse of camp property is cause for dismissal. All damages (other than normal use or wear) shall be paid in full by the person(s) responsible.
- Theft of property will result in criminal prosecution.
- There will be ZERO tolerance for bullying of any sort
- No derogatory remarks will be made toward other cadets/coordinators/visitors or other persons.
- Any problem of a serious nature must be reported to a camp coordinator.
- Until directed, cadets shall not approach, touch/handle any camp equipment or visitor’s property.
- Any cadet receiving an injury must immediately report the injury to a coordinator.
- Each cadet is responsible for cleaning up after themselves
- Cadets will remain at camp until coordinator’s release them
- Cadets must arrive at camp and be prepared to start at 08:00 hours

Cadets will be REQUIRED to complete a 1.5-mile run (no walking) AND recite the Call of Honor to a coordinator in order to graduate. The run takes place on the last morning of camp along with the other physical fitness tests.

**** Failure to follow the rules of camp may result in the following:**

- **Extra physical training**
- **Dismissal from the camp**
- **Criminal prosecution**



North Huntingdon Township Youth Police Academy 2022 SCHEDULE (June 13 – June 17)

			08:00 - 10:00	10:15 - 12:15	12:30 - 13:00	13:15 - 15:15
Monday June 13	Platoon 1	Physical Fitness		Police Operations	Lunch	Fire Operations
	Platoon 2			Fire Operations		Police Operations
Tuesday June 14	Platoon 1	Physical Fitness		EMS Operations	Lunch	EMS Operations
	Platoon 2			and Water Rescue		and Water Rescue
Wednesday June 15	Platoon 1	Physical Fitness		Coroner's and District Attorney's Office	Lunch	Crime Scene Investigations
	Platoon 2			Crime Scene Investigations		Coroner's and District Attorney's Office
Thursday June 16	Platoon 1	Physical Fitness		Game Commission	Lunch	Firearms Training
	Platoon 2			Firearms Training		Game Commission
Friday June 17	Platoon 1	Physical Fitness	K-9 DEMO, Scenarios, and Graduation			
	Platoon 2					

INSTRUCTORS

Academy Coordinator
Sergeant Nick Dreistadt
724-640-5886

Platoon 1 Leader
Corporal Dan Foster
412-475-6747

Platoon 2 Leader
Officer Scott Urias
412-300-0020

Physical Fitness
Sergeant Nick Dreistadt

Patrol Operations
Corporal Dan Foster

K9 and SRT Operations
Sergeant Justin Wardman

Firearms Training
Detective Mark Hamilton

EMS Operations
Director Shane Spieivogle

In case of an emergency, you can contact Academy Coordinator Sgt. Dreistadt or North Huntingdon Township Police Dispatch at 724-863-8800.

North Huntingdon Youth Police Academy



CALL OF HONOR:

“I AM A CADET IN THE NORTH HUNTINGDON TOWNSHIP YOUTH POLICE ACADEMY. I MUST ACT HONESTLY AND FAITHFULLY. IT IS MY DUTY TO BE TRUE TO MYSELF; I MUST STAND UP FOR WHAT I KNOW AND BELIEVE TO BE RIGHT. I WILL ALWAYS CONDUCT MYSELF IN SUCH A MANNER THAT MY HONOR AND THE HONOR OF THE YOUTH ACADEMY WILL BE UPHELD.”

NORTH HUNTINGDON YOUTH POLICE ACADEMY APPLICATION

Name: _____
Last **First** **M.I.**

Address: _____
(Street/City/State/Zip Code)

Date of Birth: _____ Age: _____ Sex: _____ Home Phone: _____

School: _____

Parent(s)/Guardian(s): _____

E-mail address: _____ (Please print legibly)

Cell Phone: _____ Name: _____

Cell Phone: _____ Name: _____

Health Insurance: _____ Policy No. _____

** **Adult Emergency contact in the event a parent/guardian is unavailable:**

Name: _____ Relationship to cadet: _____

Address: _____
(Street/City/State/Zip Code)

Home Phone: _____ Work/Cell Phone: _____

I hereby waive and release any and all rights and claims for damages I may have against any and all individuals associated with The North Huntingdon Township Youth Police Academy, the North Huntingdon Township Police Department, North Huntingdon Township, North Huntingdon Township Rescue 8, and the state of Pennsylvania while my child attends the Youth Police Academy for any and all injuries suffered by him/her at said program. I attest and verify that my child is physically fit and able to attend the program.

Parent/Guardian Signature: _____ Date : _____

Uniform Shirt – adult size (**circle one**) Small / Med / Large / X-Large / XXL

Returning Cadet from 2021's Academy _____ Yes _____ No

NORTH HUNTINGDON YOUTH POLICE ACADEMY
Personal Health & Medical Information

Cadet Name: _____
LAST *FIRST* *M.I.*

❖ **PERSONAL PHYSICIAN**

- Name: _____
- Phone: _____

❖ **EMERGENCY MEDICAL INFORMATION**

- Applicant has been, or is, subject to the following (check all that apply):

<input type="checkbox"/>	Cardiac problems	<input type="checkbox"/>	Convulsions
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Respiratory problems
<input type="checkbox"/>	Eye/Ear problems	<input type="checkbox"/>	Fainting
<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	Hernia
<input type="checkbox"/>	Intestinal problems	<input type="checkbox"/>	Nose/Sinus problems
<input type="checkbox"/>	Menstrual problems	<input type="checkbox"/>	Kidney/Urinary problems
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Neurological problems
<input type="checkbox"/>	Allergies (medicines, foods, plants, animals, insect toxins)		

Explanation: _____

- Is the applicant taking medications? (Prescription and Over-The-Counter)
 - YES / NO (circle one)

List of Medications if you answered "YES" above	
NAME	DOSAGE



NORTH HUNTINGDON YOUTH POLICE ACADEMY



PARENTAL PERMISSION and RESPONSIBILITY

I understand that the North Huntingdon Township Police Department may accept my child to attend the Youth Police Academy on the basis that I/WE have agreed to assume all risks arising from participation in said program. I/WE, the Parent/ Legal Guardian of _____, consent to his/her FULL participation in this program and assume all risks and claims of damage of any nature or kind which my child could receive by reason of accident or injury while attending the program. In the event of illness or accident during the course of activities, I request that measures be instituted, without delay, as judgment or medical personnel dictate. The Academy staff and/or local EMS/Hospital staff have my permission to treat the above child in the event of an emergency.

I/WE am interested in the policies, regulations, and aims of the activities of the North Huntingdon Township Youth Police Academy program. I will talk to my child prior to camp and encourage them to take part in all activities, and to cooperate with the programs staff and guest speakers. In the event any of the program activities are planned away from the program area, my child has permission to take part in such activities.

I/WE also understand that if my child's behavior violates any of the program's rules or intimidates other cadets, the counselors reserve the right to dismiss the cadet from the program. Transportation to and from the program is my responsibility.

Parent / Legal Guardian

Name (**Print**): _____

Name (**Signature**): _____

Date: _____

PHOTO / VIDEO RELEASE

To memorialize the event, our counselors and various volunteers may be taking still and video photographs of the cadet candidates throughout the duration of the program. It is necessary to secure the consent of the parents for use and appropriation of the name and photograph of these children, so that the photographs can be prepared and the images of the cadet candidates may be used for future advertising purposes. Success of the program is highly dependent on how well it is advertised to future candidate classes.

For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use and appropriation of his/her likeness in any North Huntingdon Township broadcast, publication, demonstration, or display of photographs and or video/film recording of **North Huntingdon Township Youth Police Academy** (hereinafter "**Youth Police Academy**").

The undersigned recognizes that his/her likeness may be used in publications, periodicals, advertisements, promotional materials, commercials, or video presentations for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by **Youth Police Academy** to ensure confidentiality, I knowingly, intentionally and voluntarily, and for my heirs and administrators and assigns, do, Generally Release **Youth Police Academy**, its directors, officers, agents, employees, and members from any or all liability of every nature for the use or appropriation of my name or likeness.

I further waive any and all claims or causes of action or claims including, but not to be limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation, and disclosure of private facts. I hereby state that I understand the content and effect of this Release and intending to be legally bound hereby, sign and seal as follows.

Cadets Name (Print): _____

Parent / Legal Guardian

Name (Print): _____

Signature: _____ Date: _____

SIMULATION SHOOTING RELEASE

Assumption of Risk:

In consideration of my child participating in the “firearms” event (simulation rounds/paintball I intend to allow my child to join, I hereby declare that I read and accept the following terms and conditions:

I understand that the event requires physical activity and contact with North Huntingdon Township firearms instructors. I understand that the weapons are not “live weapons”. I understand that weapons will be loaded with simulation rounds/paintball rounds.

I understand the risks involved, known and unknown, foreseeable or not foreseeable, in participation in this event or activity, which includes injury, disability whether caused by actions or inactions by gross negligence or accident.

I understand that I have the right to withdraw my child at any time during the event or any activity on which the participant should believe to think that conditions in the event endangers their safety.

I hereby waive, release, discharge, and covenant not to sue, indemnify and hold harmless North Huntingdon Township, its employees, directors, administrators, agents, volunteers, operators, its officers, the sponsors, and the venue of the event in any incident resulting to loss, liability, damage or damages, claims, causes of action whether in whole or in part, the negligence by which may be incurred.

I hereby sign this form freely, unconditionally, and without inducement or consideration of any nature as an affirmation and consent to the contents of this form by which I will be legally bound.

Cadets Name (Print): _____

Parent / Legal Guardian

Name (Print): _____

Signature: _____ **Date:** _____

Transportation Waiver and Release

I, the undersigned, give my consent for the person identified above to be transported by North Huntingdon Township employees and will assume all liability for their participation in this work. /activity/event and any injury that may happen in the duration of the transport or at the site of the work/activity/event.

Further, by signing below:

- 1) I authorize North Huntingdon Township to procure and provide transport solely for my child / children.
- 2) I will not hold North Huntingdon Township, its officers, employees, members, volunteers, or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or in the duration of travel.
- 3) I authorize North Huntingdon Township to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such work. /activities/events or the duration of travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
- 4) I accept full responsibility and hereby grant permission for my minor child to travel with North Huntingdon Township.

Cadets Name (Print): _____

Parent / Legal Guradian

Name (Print): _____

Signature: _____ **Date:** _____