The Sleepy Hollow Police Department in conjunction with The Tarrytown Police Department & The Public Schools of the Tarrytown's presents:

2024 Youth Leadership Police Academy

Application

Applicants must be between the ages of 10-13. This camp is only for residents of Sleepy Hollow and Tarrytown. Maximum of 25 cadets being accepted into the academy on a first come basis. Applications will be accepted beginning on Monday, March 4, 2024. Submission due no later than June 14, 2024. Email applications to the School Resource Officer, PO. Bencosme — Sbencosme@sleepyhollowny.org. or hand deliver to the Sleepy Hollow Police station located at 28 Beekman Avenue, Sleepy Hollow, NY 10591 (M - F 7:00 a.m.- 11:00 p.m.).

If hand delivering, please place the completed form in a sealed envelope addressed to: Att: SRO. Bencosme

'Youth Leadership Police Academy – complete application'

[THIS CAMP COMES AT NO COST FOR PARTICIPANTS]







Select ONE Session:

Session 1: August 5-9, 2024: [] Se	ssion 2: August 12-16, 2024: []
Classes will run from 9:00 a.m. to 3	3:00 p.m. daily.
Applicant Name:	Male: [] Female: [] Non-Binary: []
Date of Birth:	Current Age (as of 8/5/2024):
Home Address:	
Home Phone:	
School:	Grade (as of 9/2024):
	nt/Guardian Information
	Name:
Relationship	Relationship:
Work #:	Work #:
Cell #:	Cell #:
E-mail <u>:</u>	E-mail
Signature of Applicant:	Date:
Signature of Parent/Guardian:	Date:

*PLEASE NOTE: APPLICANTS WILL NOT BE PERMITTED INTO THE PROGRAM UNLESS PARENTS HAVE ATTENDED THE ORIENTATION MEETING OR SPOKEN PERSONALLY WITH THE DIRECTORS.

Orientation will be held via google meet video. Email invitation to the meeting will go out once applications are reviewed (June 17th). The orientation meeting will be held on Thursday, June 20th, 2024, at 6:00pm. Those that cannot make the video meet, please email Officer Bencosme—sbencosme@sleepyhollowny.org.

Emergency Contact Information

The following designated individuals may act on behalf of the parent/guardian in case of emergency where the parent/guardian cannot be reached. This information <u>must</u> be filled out prior to participating in any Youth Academy programs.

1. Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		
Alternate Contact Number:		
E-mail Address:		
2. Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		
Alternate Contact Number:		
E-mail Address:		

EMERGENCY MEDICAL TREATMENT FORM

TO: <u>EMERGENCY ROOM MEDICAL STAI</u>	<u>3F</u>
My child,, has Sleepy Hollow Youth Leadership Police Acad	s my permission to participate in the Village of lemy camp.
ray examination, anesthesia, medical or surgic considered necessary in the best judgment of the	he attending physician and performed by or under aff of the hospital furnishing medical services. I an to prescribe and administer any necessary
It is understood that in the event of a serious il be attempted.	llness or injury, reasonable efforts to reach me will
FAMILY PHYSICIAN INFORMATION	
Physician's Name:	
Address:	
Phone: Fax:	
MEDICAL INSURANCE INFORMATION	
Insurance Company Name:	
Policy Number:	Exp. Date
MEDICAL 1	INFORMATION
Please list all medical conditions, medications	, and allergies that your child may have.

Photo, Media, and Copyright Release

I grant the Village of Sleepy Hollow Recreation Department, the Village of Sleepy Hollow Police Department, The Village of Tarrytown Police Department, and the Public Schools of the Tarrytown's my permission to photograph, videotape, and/or audiotape my child during activities related to the Village of Sleepy Hollow Youth Leadership Police Academy camp.

These photographs/videos/audios will remain the property of the Village of Sleepy Hollow Youth Leadership Police Academy camp and may be used in advertising or marketing campaigns on Village of Sleepy Hollow Recreation Department, the Village of Sleepy Hollow Police Department, The Village of Tarrytown Police Department, and the Public Schools of the Tarrytown's websites, and for promotional and informational material including, but not limited to, flyers, brochures, newsletters, emails, advertisements, newspaper articles, TV or cable interviews/promotions. I understand my child will not be identified by name unless I give my express permission. I hereby waive and release on behalf of my child, any rights to compensation for, or ownership of, such images and/or sounds.

I have read and agree to the ter	ms and conditions of this Photo, Media, and Copyright releases
YES, I will allow this	(initials of parent/guardian)
NO, I do not want photos/video	os/audio of my child to be utilized.

RELEASE OF LIABILITY FORM

1,	the undersigned parent/guardian
of	, residing at
	do hereby give my child permission to
of allowing them to participate in the abo and discharge the Youth Leadership Police of Sleepy Hollow Police Department, the Department, the Public Schools of the Ta program as well as all others who may be	eadership Police Academy camp and in consideration we named program I voluntarily and knowingly release to Academy, the Village of Sleepy Hollow, the Village Village of Tarrytown, the Village of Tarrytown Police trytown's and all instructors and participants in this liable from all claims, present and future, known or eir participation in the Youth Leadership Police
Tarrytown Police Department, the Westel	run the agility course, tour the Sleepy Hollow and hester County Police Academy, and will be viewing arine unit, Crime Scene Unit, SWAT team, and Bomb
This hold harmless agreement is a testamesignature.	ent to my understanding of the above evidenced by my
Parent/Guardian's Signature Date	

UNIFORM ORDER FORM

To ensure that your cadet's uniforms are received in time for the start of the session, please return this completed form **with** the application by June 14, 2024.

The forms may be emailed to the School Resource Officer, PO. Bencosme – Sbencosme@sleepyhollowny.org. or hand delivered to the Sleepy Hollow Police station located at 28 Beekman Avenue, Sleepy Hollow, NY 10591 (M - F 7:00 a.m.- 11:00 p.m.).

Please place the completed form in a sealed envelope addressed to: Att: SRO. Bencosme
'Youth Leadership Police Academy – complete application'.
Applicant Name:
Home Address:
Home Phone:
Session 1: August 5-9, 2024: [] Session 2: August 12-16, 2024: []
SHIRT SIZE (circle one)
Adult Small
Adult Medium
Adult Large
SHORTS SIZE (circle one)
Adult Small
Adult Medium
Adult Large
NOTE: Campers/cadets will be required to wear support style athletic sneakers at ALL times. Sneakers without laces or open backs (slip on style) are not permitted.

Comments, Questions, or Concerns?

Contacts:

- The Village of Sleepy Hollow Police Department
 - o Chief of Police Anthony Bueti
 - abueti@sleepyhollowny.org
 - **914-631-0800**
 - o PO. Steven Bencosme School Resource Officer
 - Sbencosme@sleepyhollowny.org
 - **914-631-0800**
- The Public Schools of the Tarrytown's
 - o Superintendent of Schools Dr. Raymond Sanchez
 - Rsanchez@tufsd.org