



**GUILFORD COUNTY SHERIFF'S OFFICE
YOUTH ACADEMY APPLICATION**

NOTE: Read questions in its entirety; any omissions or misrepresentation on this application will result in your application not being approved.

1. Name: _____
Last First Middle
2. Date of Birth: ____ (Month) ____ (Day) ____ (Year)
3. Driver's License Number: _____ State _____
4. Sex: Male ___ Female ___
5. Ethnic Background:
 African American Native American
 Asian American White
 Hispanic American Other (Please Specify) _____
6. Height: Feet _____ Inches _____ Weight _____ lbs.
7. Nicknames or Aliases: _____
8. Social Security Number: (Last Four Digits) _____
9. Place of Birth: _____ (City) _____ (State)
10. Present Mailing Address: _____
11. Telephone Number: Home: () _____ Work: () _____
Cell: () _____ ***Email Required:** _____

12. School Attending: _____
13. Grade: _____ Grade Point Average: _____
14. Are you a High School Graduate: Yes or No / G E D: Yes or No
15. T-Shirt Size: S M L XL XXL (circle size)

**If the following questions are answered yes, attach a sheet explaining the circumstances.
List the year and state in which they occurred, and the disposition of the case.
Put as much information as you can remember.**

16. Have you **ever** (as an adult or a juvenile) been arrested, detained, or questioned by law enforcement concerning a crime? Yes ___ No ___
17. Have your driving privileges **ever** been suspended, revoked or cancelled? Yes ___ No ___
18. Have you **ever** received (a) traffic citation(s)? Yes ___ No ___
19. Have you **ever** been a defendant or plaintiff in a civil action? Yes ___ No ___
20. Are you **now** using any illegal drugs? Yes ___ No ___
If yes, what and how often? _____
21. Have you **ever** possessed, used or sold any amount of illegal drugs? Yes ___ No ___
If yes, what drugs and when? _____
22. Do you drink alcohol (including beer and wine)? Yes ___ No ___
If yes, how much and how often? _____

Describe any items checked:

Describe any other medical problems that need to be known (possible knee problems, possible back problems, etc.)

Do you wear glasses or contacts: ____ Yes ____ No (Circle which style)

Are you currently taking any medications? ____ Yes ____ No

If yes: What _____

How often _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Home

Work

Cell

Pager

FOR OFFICE USE ONLY

Date Received: _____

NCIC / DCI Check:

ACCEPTED / DENIED

DATE: _____



GUILFORD COUNTY SHERIFF'S OFFICE
400 W. WASHINGTON STREET * GREENSBORO, NC 27401



Waiver and Release / Guilford County Sheriff's Office Youth Academy

No child will be allowed to participate in the Guilford County Sheriff's Office Youth Academy or to go on any field trips without this waiver and release signed by a parent/guardian/legal custodian. All children will be able to attend regardless of ability to pay. The Guilford County Sheriff's Office Youth Academy and all associated trips are hosted free of charge to members of the community.

My child, _____ (*full name of child*) (hereinafter "Child") has permission to attend all field trips and other activities associated with the Guilford County Sheriff's Office Youth Academy. I understand that the field trips are scheduled throughout the week at various locations in the surrounding area and that my Child will need to be transported in an activity bus/van by the Guilford County Sheriff's Office in order to attend some events.

I, _____ (*name of parent/guardian/legal custodian*) as **parent / guardian / legal custodian** (*please circle one*) of Child, for myself and on behalf of the above-named minor Child and both of our heirs, executors, administrators or assigns, hereby covenant and agree as follows in exchange for Child's ability to attend events related to the Guilford County Sheriff's Office Youth Academy and for other good and valuable consideration that is hereby acknowledged:

- 1. Authorization to Consent to Health Care for Minor** - I hereby appoint as my agent any employee or volunteer of the Guilford County Sheriff's Office to do any acts which may be necessary or proper to provide for the health care of the minor Child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. I further indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent(s) named herein.
- 2. Photographs / Video** - I acknowledge and understand that photographs, films and recordings are sometimes made of participants in the Guilford County Sheriff's Office Youth Academy for use in the creation of promotional materials, news releases, and for other documentary purposes. I hereby authorize the use of my Child's image and voice to be used in any non-commercial manner by Releasees and by any radio, television, newspaper, or other media.

SYA CAMP 2022

3. **Release of Liability / Indemnity** - I hereby waive all claims, demands, actions, or causes of action, against the Guilford County Sheriff's Office, Guilford County North Carolina, and each of their elected officials, employees, agents, and volunteers (all of the foregoing collectively referred to as "Releasees"), of whatever kind or nature, including, but not limited to, those arising out of personal injury, death, and property damage, which may arise from or relate in any way, directly or indirectly, with my Child's participation in any activities related to the Guilford County Sheriff's Office Youth Academy, my Child's presence at any location occupied or controlled by the Guilford County Sheriff's Office, travel to or from activities related to the Guilford County Sheriff's Office Youth Academy, and/or any act or omission by any Releasee with respect to the control or supervision of the Guilford County Sheriff's Office Youth Academy, its participants, or its supervisors. I further agree to never instigate any suit or action against any Releasee based on any claim waived herein and to hold harmless Releasees from all such claims, including the costs of defense.
4. **Intent of the Parties / Severability** - I acknowledge that if this Waiver and Release were to be deemed unenforceable in any way, I understand that it is the intent of the parties that it be enforced to the fullest extent legally permissible and that any provisions deemed unenforceable shall be severed and all remaining provisions enforced.

I have read the foregoing waiver and release and understand that it constitutes a formal legal document. By my signature, I give consent for the above-named minor Child to participate in the Guilford County Sheriff's Office Youth Academy.

Parent/ Guardian/ Legal Custodian: _____ Date: _____

State of North Carolina

County of _____

Sworn to and subscribed before me this
the _____ day of _____, 20_____.

(Seal)

Notary Public

My Commission Expires: _____