

2023 INDIANA COUNTY CAMP CADET APPLICATION



SUNDAY, JUNE 4TH - SATURDAY, JUNE 10TH

INDIANA COUNTY CAMP CADET, INC. 35 FENTON ROAD INDIANA, PA 15701 724-357-1960

ELIGIBILITY CRITERIA FOR INDIANA COUNTY CAMP CADET

- 1. Applicants must be no younger than **12** years of age and no older than **15** years of age on the first day of Camp Cadet and must reside or attend school within **Indiana County**. *Note: There is no fee to apply for or attend Indiana County Camp Cadet.
- 2. Applicants must be willing to participate in a variety of physical fitness activities and abide by military discipline. Additionally, all applicants must arrive at Camp Cadet with an appropriate haircut. Applicants with long hair must be able to pull their hair back in either a ponytail or use similar means to keep the hair out of their face. It must also be able to fit under a baseball hat, although the ponytail may protrude from the back.
- 3. <u>Application Deadline</u>: The enclosed application must be submitted in its entirety no later than **May 1, 2023**. Submit the enclosed application to "Indiana County Camp Cadet" at the Pennsylvania State Police, Troop A, Indiana Station, 35 Fenton Rd., Indiana, PA 15701. Applications received after the deadline may not be considered.
- 4. Qualified applicants will be contacted to schedule an interview. Former cadets are not eligible to apply unless invited to return as a Senior Cadet. Accepted applicants will be notified via written correspondence. Final selection will be made by Indiana County Camp Cadet, Inc. instructors.
- 5. Accepted applicants shall report to Little Mahoning Bible Camp, 1051 Alabran Road, Smicksburg, PA 16256 on Sunday, June 4th at 1:00 PM for cadet registration and orientation. Applicants MUST arrive on time. Applicants who arrive late on the day of registration may be asked to leave without advance notice. The 2023 Indiana County Camp Cadet Graduation Ceremony with Cadet Drill Demonstration is scheduled to take place at Little Mahoning Bible Camp on Saturday, June 10th at 10:45 AM.

Questions? Contact TFC. Cliff Greenfield, Director at 724-357-1998.



2023 INDIANA COUNTY CAMP CADET APPLICATION

APPLICANT INFORMATION

Name:				
(Last)		(First)		(M. I.)
Address:	(Street	t/City/State/Zip Code))	
Date of Birth:	Age:	Sex:	Home Phone: _	
School:			Grade for Fall 2	2023:
Shirt Size: XS [] S[]	M [] L [] XL []	XXL []
	(*Please note tha	at shirt sizes listed a	re adult male sizes.)	
	PARENT/	GUARDIAN INF	ORMATION	
Parent(s)/Guardian	n(s) Name(s):			
Work Phones:		Cell Ph	ones: nbers as applicable.)	
	(List both pare	ents' work phone nur	mbers as applicable.)	
Parent's/Guardian	's Email Address: _			
Family member t	o notify in event a	parent/guardian	is unavailable (<u>mu</u>	ıst be a relative):
Name:			Relationship to Cad	et:
Address:				
Tradross.	(Street	t/City/State/Zip Code	*)	
Home Phone:		Work/C	ell Phone:	
associated with Camp Bible Camp, and the s	Cadet, the Pennsylvania v	nia State Police, Indi while my child attend		
Parent's/Guardian's S	ionature:			Date:

PERSONAL HEALTH AND MEDICAL INFORMATION

INSURANCE INFORMATION

Applicant Name:		
(Last)	(First)	(M.I.)
Health/Accident Insurance: (*Cadets must have Health Insurance to par is required to be shown at re	ticipate. A copy of the cade	t's current health insurance card
PERSONAL PI	HYSICIAN INFORMAT	ΓΙΟΝ
Physician's Name:		
Physician's Phone Number:		
<u>EMERGENCY</u>	MEDICAL INFORMAT	ΓΙΟΝ
Applicant has, or is subject to (please che	eck all that apply):	
 [] Allergy to a medicine, food, plant, and [] Cardiac problems [] Seizures [] Intestinal problems [] Menstrual problems [] Neurological problems [] Eye/Ear problems [] Bed Wetting [] Hernia Please enter a brief explanation for each in the series 	[[[[[Respiratory problems Bleeding Disorder Diabetes Kidney/Urinary problems Nose/Sinus problems Fainting Sleep Walking Other (specify)

PAST MEDICAL HISTORY INFORMATION (Please list year and details for "Yes" answers.)

Serious Illness	YES N	NO YE	AR	DETAILS	
Serious Injury	[][1			
Surgery	[][]			
Other	[] []			
• Is the applican	nt under <u>curre</u> nt currently ta	ent medical care aking <u>any</u> medic	e?		
		y other medica ADD, ADHD,		ical, or other problems which require m, etc.)? YES[] NO[]	
ImmunizationTetanus): Year Given			
DiphthePolio		Year Given Year Given			
 Has had (please Measlese Mumps Rubella Pertussi Chicker 	s V V .s V	hat apply): Vaccination [] Vaccination [] Vaccination [] Vaccination []	Dise Dise Dise	ease [] ease [] ease [] ease []	

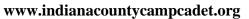
PARENTAL/GUARDIAN STATEMENT

To the best of my knowledge, the medical information is accurate and complete. I give my permission for the applicant's full participation in Camp Cadet programs, subject to limitations noted herein. In the event of illness or accident in the course of activities, I request that measures be instituted without delay as judgment or medical personnel dictate.

Signature of Parent/Guardian:		
Signature of Applicant:		
Date Signed:	_	



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PARENTAL PERMISSION AND RESPONSIBILITY

I understand that Indiana County Camp Cadet, Inc. may accept my child to attend camp on the basis that I/WE have agreed to assume all risks arising from participation in said camp. I/WE, the Parent/Guardian of, understand that the Indiana County Camp Cadet program is a
physically demanding and intensive program. I also understand that during the course of the week all Cadets participate in various activities which may be hazardous, such as shooting firearms, extinguishing fires, rappelling, etc. Although all Indiana County Camp Cadet staff members and presenters take every precaution to ensure the safety of your child, there is a possibility that your child may be injured while participating in any of these various activities. By signing this form, I acknowledge that I give my consent to his/her participation in this program and assume all risks or claims of damage of any nature or kind which my child could receive by reason of accident or injury while attending this program. I also relieve the Indiana County Camp Cadet, Inc., its staff, or any other person(s) that may be assisting with the program from any and all liability for any injury my child may sustain during the course of the program. Additionally, the camp staff and/or local hospital 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 Indiana County Camp Cadet program. I will talk to my child prior to camp and encourage them to take part in all activities, and to cooperate with the camp staff and guest speakers. In the event any of the camp activities are planned away from the camp area, my child has permission to take part in such activities.
I/WE also understand that if my child's behavior is disruptive, violates any of the camp's rules, or intimidates other campers, the camp counselors reserve the right to dismiss the camper from camp without notice. I/WE understand that in the event my child would be expelled from the Camp Cadet program, that I/WE are required to pick them up as soon as immediately practical and that transportation to and from the camp is solely my responsibility.
Name of Applicant:
Signature of Parent/Guardian:
Date:



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www.indianacountycampcadet.org

Dear Parent or Legal Guardian:

Indiana County Camp Cadet, Inc. operates a week-long camp each year offering the youth of our area an opportunity to experience what a career with the Pennsylvania State Police, the military, fire, or emergency medical services might be like. The program provides the candidate an excellent opportunity to experience and develop an understanding of what the Pennsylvania State Police and related emergency services do for the community.

To memorialize the event, our camp counselors and various volunteers will be taking still and video photographs of the camp cadet candidates throughout the duration of the program. At the conclusion of the camp, a memorial video summarizing the events of the camp, which may include video depicting all camp members during their activities, may be created.

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 video can be prepared and the images of the camp 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. Therefore, it is necessary for us to secure your consent on behalf of the minor camp cadet candidate to use in appropriation of their name and image. Attached to this letter is the consent form which must be completed prior to your child's enrollment in the Indiana County Camp Cadet Program.

Yours very truly,

Indiana County Camp Cadet, Inc. Board of Directors



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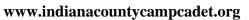
PHOTO/VIDEO RELEASE

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 Indiana County Camp Cadet, Inc. broadcast, publication, demonstration, or display of photographs and or video/film recording of *Indiana County Camp Cadet*, *Inc.* (hereinafter referred to as "Camp Cadet"). 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 Camp Cadet to ensure confidentiality, I knowingly, intentionally and voluntarily, and for my heirs and administrators and assigns, do, Generally Release Camp Cadet, 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.

Parent/Legal Guardian	<u>Applicant</u>
Name:	Name:
Address:	Address:
Phone:	Phone:
Date:	Date:



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REIMBURSEMENT OF FEES

organization that relies on	funding through charitable	Indiana County Camp Cadet program is a donations and assorted fundraisers, and the during the course of the program are paid	at all meals,
they are expected to attend is not able to attend, I or m its counselors, no less than prevent. In the event of ex may be required to provide	I and participate in all activing designee will provide apply 7 (seven) days prior to the atenuating circumstances, such documentation of said evented, I agree that I will pay Index.	Id my child be accepted to participate in the ties and events during the week. In the event propriate notice to Indiana County Camp Country of the program, unless extenuating cinch as a death or sudden serious illness, I unt. If I or my designee fails to provide appediana County Camp Cadet, Inc. a fee of \$20.	ent that my child Cadet, or any of ircumstances understand that I propriate notice
removed from the program fee of \$250.00 or a portion an extenuating circumstan	n for any reason, that I will be thereof as to be determined the course of the course	nild should quit the program prior to compose responsible to pay Indiana County Camel by the Director and Assistant Director of the program which requires my child to be documentation detailing the nature of the	np Cadet, Inc. a f the program. If return home, I
		Parent's Signature	Date
mentally and physically in understand that if I am acc County Camp Cadet, and a County Camp Cadet prograthroughout the week, and a understand that once turned permitted to leave for any other serious, unexpected in completion for any reason	tensive and demanding progented into the program I amount amount expected to follow all in amount amount I also understand that I agree that I will participate in dover to the counselors of the reason until the completion incident. I also understand the other than those listed above	and that the Indiana County Camp Cadet program. By completing and submitting this are required to abide by the rules and regulate structions as given by staff members of the lam expected to participate in all activities in these activities to the best of my ability. The Indiana County Camp Cadet program, of the program, other than for a medical entity if I am removed from the program price, that my parents may be required to pay of as to be determined by the Director and I	application, I tions of Indiana e Indiana s presented Furthermore, I I will not be emergency or or to its Indiana County
Parent's Signature	Date	Applicant's Signature	Date



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TRANSPORTATION PERMISSION FORM

Please be advised that activities/presentations may be scheduled to occur at one or more locations other than Little Mahoning Bible Camp. In such instances, Indiana County Camp Cadet participants and staff will be transported by bus to those locations and will depart Little Mahoning Bible Camp following the breakfast meal and will return to Little Mahoning Bible Camp later that afternoon.
I/We, the Parent/Guardian of, understand that during the course of the Indiana County Camp Cadet program, cadets may be scheduled to be transported to one or more locations within Indiana County for the purpose of attending one or more activities/presentations.
In the event any of the camp activities are planned at locations other than Little Mahoning Bible Camp, my child has permission to be transported by bus with the other cadet participants and Indiana County Camp Cadet staff from Little Mahoning Bible Camp to the activity/presentation location(s) and be promptly returned to Little Mahoning Bible Camp.
Name of Applicant:
Signature of Parent/Guardian:
Date:

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name: Date of Birth: Social Security Number: Address:
I request and authorize <u>Indiana County Camp Cadet, Inc.</u> to release healthcare information of the patient named above to <u>Emergency Medical Services</u> or as may be needed by Emergency Medical personnel who may be deemed necessary by Camp officials or any Camp counselor or instructor.
This request and authorization applies to: x All medical information disclosed by the parent or the minor child as part of the Camp Application procedure or as may be learned by Camp officials from the child during camp
x All hospital records (including nurses records and progress notes) x Dental Records x Transcribed hospital records x Emergency and urgency care notes x Medical records needed for continuity Billing statements x Most recent five-year history All reports and testing Laboratory reports All self-patient reporting documents x Pathology reports Sensitive Materials (see below) X-Rays, MRI's, CT Scans, and Images All of the Above x All diagnostic reports Other [If other, enter specific information] Clinical office chart notes information
Please release records for the dates of: Any & All
Note on "Sensitive Materials": Sensitive materials may include, but is not limited to any health care information relating to testing/diagnosis, and/or treatment for HIV (AIDS Virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. If "Sensitive Materials" has been checked, you are specifically authorized to release all health care information relating to such acquired information, diagnosis, testing, or treatment.
I have read and understand the following:
 This authorization is valid for 90 days after the date it is signed. This authorization is revocable at any time by the patient. Although prohibited, it is possible that my PHI may be re-disclosed as a result of the patient's litigation by the facility receiving my records, therefore, the provider has no responsibility or liability as a result of the re-disclosure, and such information would no longer be protected by the HIPAA privacy rule.
Signature of patient or patient's authorized representative Date Signed
Relationship or status if signed by anyone other than patient (parent, legal guardian, personal representative, etc.)