2026 INDIANA COUNTY CAMP CADET APPLICATION

SUNDAY, JULY 12TH - SATURDAY, JULY 18TH

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 **13** 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. Submit completed applications to "Indiana County Camp Cadet" at the Pennsylvania State Police, Troop A, Indiana Station, 35 Fenton Rd., Indiana, PA 15701. Applications will be accepted until all cadet spots are full.

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 Camp Orenda, 280 Lions Health Camp Road, Indiana, PA 15701 on Sunday, July 12th 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 2026 Indiana County Camp Cadet Graduation Ceremony with Cadet Drill Demonstration is scheduled to take place at Camp Orenda on **Saturday, July 18th at 10:45 AM**.

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

Visit us at **indianacountycampcadet.org** and on Facebook (Indiana County Camp Cadet**)** for more information.

2026 INDIANA COUNTY CAMP CADET APPLICATION

APPLICANT INFORMATION

Name: _____
(Last) (First) (M. I.)

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

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

School: _____ Grade for Fall 2025: _____

Shirt Size: XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐

(*Please note that shirt sizes listed are adult male sizes.)

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s) Name(s): _____

Work Phones: _____ Cell Phones: _____
(List both parents' work phone numbers as applicable.)

Parent's/Guardian's Email Address: _____

Family member to notify in event a parent/guardian is unavailable (must be a relative):

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 Camp Cadet, the Pennsylvania State Police, Indiana County Camp Cadet, Inc., Camp Orenda, and the Commonwealth of Pennsylvania while my child attends Camp Cadet for any and all injuries suffered by him/her at said camp. I attest and verify that my child is physically fit and able to attend camp.

Parent's/Guardian's Signature: _____ Date: _____

PERSONAL HEALTH AND MEDICAL INFORMATION

INSURANCE INFORMATION

Applicant Name: _____
(Last) (First) (M.I.)

Health/Accident Insurance: _____ Policy No. _____

(*Cadets must have Health Insurance to participate. A copy of the cadet's current health insurance card is required to be shown at registration on the first day of Camp Cadet.*)

PERSONAL PHYSICIAN INFORMATION

Physician's Name: _____

Physician's Phone Number: _____

EMERGENCY MEDICAL INFORMATION

Applicant has, or is subject to (please check all that apply):

- ☐ Allergy to a medicine, food, plant, animal, or insect toxin
- ☐ Cardiac problems
- ☐ Seizures
- ☐ Intestinal problems
- ☐ Menstrual problems
- ☐ Neurological problems
- ☐ Eye/Ear problems
- ☐ Bed Wetting
- ☐ Hernia
- ☐ Respiratory problems
- ☐ Bleeding Disorder
- ☐ Diabetes
- ☐ Kidney/Urinary problems
- ☐ Nose/Sinus problems
- ☐ Fainting
- ☐ Sleep Walking
- ☐ Other (specify)

Please enter a brief explanation for each item checked above:

_____

_____

_____

_____

PAST MEDICAL HISTORY INFORMATION

(Please list year and details for "Yes" answers.)

	YES	NO	YEAR	DETAILS
Serious Illness	☐	☐		
Serious Injury	☐	☐		
Surgery	☐	☐		
Other	☐	☐		

- Date of applicant's most recent complete physical exam (month/year): _____
- Is the applicant under current medical care? YES ☐ NO ☐
- Is the applicant currently taking any medication? YES ☐ NO ☐

If yes, please explain and list medications:

_____

_____

_____

_____

_____

- Does the applicant have any other medical, physical, or other problems which require special consideration (e.g., ADD, ADHD, Autism, etc.)? YES ☐ NO ☐

If yes, please explain:

_____

_____

_____

_____

_____

- Immunizations (*Required):
  - Tetanus Year Given _____
  - Diphtheria Year Given _____
  - Polio Year Given _____

- Has had (please check all that apply):
  - Measles Vaccination ☐ Disease ☐
  - Mumps Vaccination ☐ Disease ☐
  - Rubella Vaccination ☐ Disease ☐
  - Pertussis Vaccination ☐ Disease ☐
  - Chicken Pox Vaccination ☐ Disease ☐

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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www.indianacountycampcadet.org

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: _____

INDIANA COUNTY CAMP CADET

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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	Applicant
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____
Phone: _____	Phone: _____
Date: _____	Date: _____

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REIMBURSEMENT OF FEES

I, _____, understand that the Indiana County Camp Cadet program is a non-profit organization that relies on funding through charitable donations and assorted fundraisers, and that all meals, activities, events, or other items provided to my child during the course of the program are paid for by Indiana County Camp Cadet, Inc.

By signing this form, I acknowledge that should my child be accepted to participate in this program, they are expected to attend and participate in all activities and events during the week. In the event that my child is not able to attend, I or my designee will provide appropriate notice to Indiana County Camp Cadet, or any of its counselors, no less than 7 (seven) days prior to the start of the program, unless extenuating circumstances prevent. In the event of extenuating circumstances, such as a death or sudden serious illness, I understand that I may be required to provide documentation of said event. If I or my designee fails to provide appropriate notice that my child will not attend, I agree that I will pay Indiana County Camp Cadet, Inc. a fee of $250.00 to cover the cost of my child's attendance during the week.

Likewise, I understand and agree that, if my child should quit the program prior to completion or be removed from the program for any reason, that I will be responsible to pay Indiana County Camp Cadet, Inc. a fee of $250.00 or a portion thereof as to be determined by the Director and Assistant Director of the program. If an extenuating circumstance arises during the course of the program which requires my child to return home, I understand and agree that I may be required to provide documentation detailing the nature of the circumstance.

_____
Parent's Signature Date

I, _____, understand that the Indiana County Camp Cadet program is a mentally and physically intensive and demanding program. By completing and submitting this application, I understand that if I am accepted into the program I am required to abide by the rules and regulations of Indiana County Camp Cadet, and am expected to follow all instructions as given by staff members of the Indiana County Camp Cadet program. I also understand that I am expected to participate in all activities presented throughout the week, and agree that I will participate in these activities to the best of my ability. Furthermore, I understand that once turned over to the counselors of the Indiana County Camp Cadet program, I will not be permitted to leave for *any* reason until the completion of the program, other than for a medical emergency or other serious, unexpected incident. I also understand that if I am removed from the program prior to its completion for any reason other than those listed above, that my parents may be required to pay Indiana County Camp Cadet the sum of $250.00 or any portion thereof as to be determined by the Director and Assistant Director.

_____ _____
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 Camp Orenda. In such instances, Indiana County Camp Cadet participants and staff will be transported by bus to those locations and will depart Camp Orenda following the breakfast meal and will return to Camp Orenda later that day.

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 Camp Orenda, my child has permission to be transported by bus with the other cadet participants and Indiana County Camp Cadet staff from Camp Orenda to the activity/presentation location(s) and be promptly returned to Camp Orenda.

Name of Applicant: _____

Signature of Parent/Guardian: _____

Date: _____

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name: _____
Date of Birth: _____

Address: _____
_____

I request and authorize **Indiana County Camp Cadet, Inc.** to release healthcare information of the patient named above to **Emergency Medical Services** 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
		_____	Physical therapy 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		

This information, if requested, is being requested for the purpose of: Patient care only while the patient is attending the Camp Cadet summer camp session.

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.)