



# Kentucky State Police Youth Academy Program

## Youth Applicant Information

Applicant  
Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: (CIRCLE) M/F

Email Address: \_\_\_\_\_

Applicant Cell Phone: \_\_\_\_\_

High School Attending: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

T-Shirt Size:        S    M    L    XL    XXL (Sizes Cannot Be Changed)  
(Circle one)

## Parent/Guardian/Emergency Contact

Parent/Guardian(s) Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Medical Information

The Kentucky State Police Youth Academy Program will include physical activities including but not limited to daily fitness exercises (push-ups/ running/ jumping/ water activities such as swimming/obstacle courses). **Applicants should possess a reasonable fitness level and be able to perform at least 20 push-ups, 20 sit-ups, and run 1/2 mile.**

**PLEASE CIRCLE THE GENERAL HEALTH OF APPLICANT:**

**EXCELLENT**

**GOOD**

**POOR**

\*Indicate all prior or present injuries to the applicant which may hinder or restrict participation in the physical training program or physical activities:

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\*Please list all allergies, including medicines, antibiotics, bee stings, insect bites, poison ivy, or foods that will require attention:

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\*Please list all medications taken by the applicant:

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**ALL MEDICATIONS MUST BE KEPT IN ORIGINAL PRESCRIPTION BOTTLE/PACKAGING.  
MEDICATIONS WILL BE MANAGED AND ADMINISTERED BY CAMP MEDICAL STAFF.**

### NON-PRESCRIPTION MEDICATION/AIDES

The following items will be available during the program from medical staff. To provide these medications to your child, indicate the use of what specific item(s) he/she may take. No response will be considered a NO.

YES	NO		YES	NO
___	___	Tums	___	___
___	___	Imodium AD (Adult)	___	___
___	___	Tylenol	___	___
___	___	Neosporin	___	___
				___
				___
				___
				___

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(Applicant Name)

IS RECOMMENDED FOR FULL ACTIVITY IN THE YOUTH ACADEMY PROGRAM AND HAS MY  
PERMISSION TO TAKE THE ABOVE MEDICATIONS/AIDES AS NEEDED.

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(Signature of Parent/Guardian)

### **Media Release**

Do we have permission for pictures and videos of your child taken during program activities to be published in local newspapers and used for future Kentucky State Police Youth Academy promotions, articles, and social media accounts such as Facebook, X (Twitter), Instagram, and YouTube?

All participants will be pictured in a Youth Academy Program group photo.

**YES, YOU HAVE MY PERMISSION FOR PHOTOS AND VIDEOS TO BE USED FOR THE ABOVE PURPOSES.**

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(Applicant Name)

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(Parent/Guardian Signature)

No, you do not have my permission for photos and videos to be used for the above purposes.

### **Transportation**

I hereby grant permission for the Kentucky State Police Youth Academy Program to provide transportation for my child, if needed.

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(Applicant Name)

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(Parental/Guardian Signature)

Kentucky State Police Youth Academy Program  
Consent to Participate  
**Parent's Consent/ Release from Liability**

I, \_\_\_\_\_ give my consent for my son/daughter  
(Parent/Guardian Printed Name)

\_\_\_\_\_ to participate in the Kentucky State Police's  
(Participant's Printed Name)  
Youth Academy Program.

I understand that they will be receiving training related to law enforcement topics, as well as taking part in supervised role-playing activities. Additionally, daily activities will include various physical fitness activities and swimming. All activities will be under direct supervision at all times.

If my son/daughter becomes ill or is injured during any activity, I understand that every reasonable effort will be made to contact me or a member of my family. If I cannot be reached, I understand that staff members will seek emergency medical care. I understand that notification efforts will be continued after medical care is sought.

I understand that should my son/daughter fail to follow any rules set forth by the Kentucky State Police and its staff or display disrespect or inappropriate behavior toward a camper or any staff member; those actions can result in dismissal from the Youth Academy Program.

I agree to indemnify, defend, hold harmless, and release the Commonwealth of Kentucky, Kentucky Justice Cabinet, Kentucky State Police, Kentucky State Police Trooper Island, their officers, employees, agents, and volunteers from any lawsuits, damages, claims, judgments, losses, liabilities or expenses arising out of the death, personal injury, or property damage involving my son/daughter, which may be sustained while participating in activities with the Kentucky State Police Youth Academy Program. All of the terms above shall apply whether or not caused by the alleged negligence, either active or passive, or any acts or omissions of the Commonwealth of Kentucky, Kentucky Justice Cabinet, Kentucky State Police, Kentucky State Police Trooper Island, their officers, agents, employees, or volunteers. I have read and fully understand this RELEASE FROM LIABILITY.

Signed,

Date

\_\_\_\_\_

\_\_\_\_\_

**APPLICATIONS WILL BE TAKEN ON A FIRST-COME BASIS AND MUST INCLUDE THE FOLLOWING:**

- 1. A 100-150 WORD ESSAY COMPOSED BY THE APPLICANT ON THEIR INTEREST IN KSP AND A DESIRE TO ATTEND THE YOUTH ACADEMY PROGRAM**
- 2. A RECOMMENDATION LETTER FROM ONE OF THE FOLLOWING:**
  - a. TEACHER**
  - b. PRINCIPAL**
  - c. GUIDANCE COUNSELOR**
  - d. SCHOOL RESOURCE OFFICER**
  - e. KSP TROOPER**
  - f. PASTOR**
  - g. COMMUNITY LEADER**

**INSTRUCTION FOR PARENTS/GUARDIANS**

- 1.) Send completed (signed) application package, **COPY OF PARTICIPANT'S MEDICAL INSURANCE CARD** and graduation RSVP by **June 10, 2024**, to:  
**Dana Hanson, Kentucky State Police Trooper Island**  
**919 Versailles Road, Frankfort, KY 40601 OR [dana.hanson@ky.gov](mailto:dana.hanson@ky.gov)**
- 2.) Selection and notification to participants and their guardians will be emailed by July 5, 2024. The selection package will include additional instructions and details about the camp, such as directions, check-in and graduation times, and a packing list for participants.
- 3.) If there are any questions, they may be directed to Master Trooper Jonathan Biven, Camp Commander at (270) 433-5422 or by email at [Jonathan.biven@ky.gov](mailto:Jonathan.biven@ky.gov).

The Kentucky State Police is an equal opportunity employer. All qualified applicants will be considered for employment without regard to race, color, religion, sex, age, national origin, veteran status, ancestry, sexual orientation, or disability

**Graduation Ceremony RSVP**

Graduation will be held on Friday, July 26, 2024  
5:00 P.M. CST at  
Clinton County Early Childhood Center  
204 King Drive, Albany KY 42602

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(Applicant Name)

Number of Guest Attending Ceremony