



Essex County Sheriff's Department Leadership Academy

Student Program Application Information

To Parents: Thank you for completing this form on behalf of your son or daughter. The Essex County Leadership Academy is a non-profit educational service. The Leadership Academy will use a wide variety of games and team-building activities to develop teamwork and cooperation which will prepare the participants for the challenges of the high and low ropes course. Some of these activities can be physically demanding however, they are designed to be within the capability of any student who is in reasonably good health. Safety is a very high priority for all of our programs. Please help us by providing the information requested below. If your child has any current or past medical conditions that could effect his/her participation, please let us know.

For further information please call the Training Department (978) 750-1900 x3312 or ya@eccf.com

Part One: General Information

Attending Camp week of : _____ to _____

Student's Name: _____

Date of Birth: _____ Age: _____ Sex: M____ F____

Mailing Address: _____

Parent/Guardian(s) Name: _____

Cell Number: _____ Home Number: _____

E-Mail Address: _____

If you are not available in an emergency situation, who should be contacted?

Name: _____ Phone Number: _____

Relationship to Student: _____

Will your child be getting dropped off at the Aggie_____ or taking the bus_____
What T-Shirt size? (Please check appropriate box for size)

S ☐ M ☐ L ☐ XL ☐

Part Two: Insurance Information

Is this student covered by family medical/hospital insurance? Yes____ No____

If yes, indicate carrier or plan name

Group

Carrier Address:

Name of Insured: _____ Relationship to Student: _____

Part Three: Medical Questions

A. Does your child have any current or past medical conditions that could affect his/her ability to participate in the Leadership Academy? Yes____ No____

If yes, please explain:

B. Is your child currently taking medication? Yes____ No____

If yes, please state what medication and the condition being treated:

C. Does your Child have any of the following conditions?

- | | |
|--|---|
| <input type="checkbox"/> Recent injury or infectious disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Chronic or recurring illness | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Allergies (medication, food, etc.) | <input type="checkbox"/> Recent surgery |
| <input type="checkbox"/> Inhaler | <input type="checkbox"/> Epi pen |

If you checked any of the above, please provide additional information:

D. Do you give the Sheriff's Leadership Academy staff permission to administer the following over-the-counter medication (s) should the need arise?

Tylenol yes_____ no_____

Ibuprofen yes_____ no_____

Other:

Part Four: Release of Liability / Acknowledgement of Risk

I understand that I/We are voluntary participating in the Essex County Sheriff's Department Leadership Academy. In an effort to best serve my child I give permission for the Essex County Sheriff's Department Staff to speak freely with the school and any/all of the individuals named on this application who are working with my child.

Waiver of Claims

I have been made fully aware of and understand the purpose and specific activities that my child will participate in during his/her participation in the Essex County Sheriff's Leadership Academy. Therefore, I hereby agree to indemnify and hold harmless, release and forever discharge the Essex County Sheriff's Department, their employees, agents, successors and assigns from any and all manner of actions, suits, claims, demands, damages, and liability (including negligence claims) in law and in equity which may arise or result from my child's participation in the Leadership Academy including costs and reasonable attorney fees. The terms herein shall serve as a release not only for me but also for all members of my family. I/We assume the risk of any and all injuries that may occur during participation in the program.

Parent/Guardian: _____

Print name

Signature

Date: _____

Photo/Media Release

I grant to the Essex County Sheriff's Department Leadership Academy the right to use, reproduce, assign and/or distribute photographers, films, videotapes and sound recordings of the participant for use in materials they may create.

Parent/Guardian: _____

Print name

Signature

Date: _____

Please mail completed forms to:

Essex County Sheriff's Department
20 Manning Avenue, Middleton, MA 01949
Attn: Training Department
Leadership Academy

Or Email all forms to

ya@eccf.com

Spaces are selected from the applications submitted.