

**NO APPLICATION WILL BE ACCEPTED WITHOUT A
COMPLETED MEDICAL CLEARANCE FORM. AN
ORIGINAL PHYSICIAN'S SIGNATURE IS REQUIRED.
NO PHOTOCOPIES WILL BE ACCEPTED.**

**Parent and Youth MUST attend one of the following orientation meetings to be held at
Greenburgh Town Hall at 7:00pm.**

June 1, 2017 _____ JUNE 2, 2017 _____

(Please check one)

**If you do not attend an orientation, your child will be disqualified from attending the
2017 Summer Youth Program, *NO EXCEPTIONS!***

NOTE: Youth will be required to attend program sessions in the uniform that will be furnished to them free of charge. Please provide us with your child's sizes in order that we may ensure that properly sized uniforms are available at the beginning of the program. Be as specific as possible in providing sizes. If your child is into adult sizes, specify adult and the appropriate size, (for example adult-large). Uniform shorts are worn around the waist, not hips, therefore your child's actual waist size (the circumference of the abdomen above the hips) should be provided.

SHIRT SIZE: _____ PANT (Short) SIZE: Waist _____

AUTHORIZATION/WAIVER

I hereby apply to enroll _____ in the Greenburgh Police Department's Summer Youth Program and have answered all questions on this application to the best of my knowledge. I understand that the Greenburgh Police Department reserves the right to reject an application based on information contained in this document and to dismiss a camper for inappropriate behavior while in camp. It is understood that the Police Department accepts no responsibility for the loss or damage to the personal property of any youth. By my signature below, I also give permission to the medical personnel selected by the Greenburgh Police Department to administer, in my absence, emergency medical treatment to my child or ward while in their care. I further recognize that there are certain risks of physical injury associated with this camp and I agree to assume full liability for any injury, damage or loss that I or my child/ward may sustain as a result of such participation. I agree to waive and relinquish all claims and hold harmless the Town of Greenburgh and the Greenburgh Police Department, its sponsors, volunteers and employees from any and all claims that may arise as a result of my child or ward's participation in this program.

By my signature below, I also give permission for my child to participate in field trips.

Signature of Parent or Guardian: _____ Date: _____

Please be advised that this application is a three-part document. The first part contains an overview of the Police Youth Program. Part two is a medical clearance form that must be submitted for all applicants and Part 3 is the application itself. Please be certain you have all three parts upon submitting application. Additional application packets may be obtained from:

**Greenburgh Police Department at 188 Tarrytown Road, White Plains, NY 10607
(914) 989-1715**

Town Clerks Office at Greenburgh Town Hall, 177 Hillside Avenue, White Plains, NY 10607

Theodore D. Young Community Center, 32 Manhattan Avenue, White Plains NY 10607

Greenburgh Recreation Department, 11 Olympic Lane, Ardsley 10502

Mail or personally deliver completed forms, no later than May 22, 2017 to:

**Greenburgh Police Department
Youth Program
C/O Sergeant Norman Hall
188 Tarrytown Road
White Plains, New York 10607**

Forms received after May 22, 2017 will not be accepted. NO EXCEPTIONS!

**P.A.C.T
Police and Community Together**



**GREENBURGH POLICE DEPARTMENT
SUMMER YOUTH PROGRAM
188 Tarrytown Road, White Plains, New York 10607
2017 Program**

MEDICAL CLEARANCE FORM

NAME OF APPLICANT: _____ Circle One: M _____ F _____

NAME OF FAMILY PHYSICIAN: _____ TELEPHONE NO: _____

(Items below this line must be completed by Physician)

DATE OF MOST RECENT PHYSICAL EXAMINATION: _____
Month/Day/Year

**Immunization Record
from Doctor is
Required by Law**

IMMUNIZATIONS (Please Specify Exact Dates):

- A. Diphtheria/Tetanus Toxoid (4 doses):
Dates: _____, _____, _____, _____
- B. Oral Polio Vaccine (3 or more doses):
Dates: _____, _____, _____, _____
- C. Live Measles Vaccine (1 dose) Date: _____
- D. Live Rubella Vaccine (1 dose) Date: _____
- E. Live Mumps Vaccine (1 dose) Date: _____

1) Some physical activities will be incorporated into the curriculum of the Police Youth Program. These include running, situps, pushups, a bench press utilizing a Universal Machine, stretching exercises and some sports. Is there any reason why the person named on this application should not participate in these activities? If YES, please explain below.

2) Please list any illnesses or medical conditions of which we should be aware.

Please submit original ONLY, copies will not be accepted and will result in disqualification.

PLEASE COMPLETE AND SIGN FORM

- 3) Please specify the name(s) of any medications this person may be required to take while at camp along with instructions for their administration.

SIGNATURE OF

PHYSICIAN: _____ DATE: _____

Applications will not be considered without completion
of this form.