

# 2018 Police Youth Live-In Camp

## Application

**ONLY APPLICATIONS ACCOMPANIED BY A RECOMMENDATION FORM WILL BE ACCEPTED**

*APPLICATION DEADLINE IS MARCH 16, 2018*

**PLEASE PRINT**

Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Male  Female  Race: \_\_\_\_\_

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

School Phone Number: \_\_\_\_\_ Counselor/Teacher Name: \_\_\_\_\_

### **Authorization for Records Check:**

This is to authorize the Little Rock or appropriate school district/system to review and release the records of:

\_\_\_\_\_ (Please PRINT child's name), for the purpose of admission to the Police Youth Live In program. Pursuant to this application, I understand that this information will be used for the limited purpose of helping to determine the admissibility of your child to this program. Such information will be kept confidential and used for above mentioned limited purposes only.

Signature of Parent/Guardian: \_\_\_\_\_

Please Print the Signature Name Below: \_\_\_\_\_

Date: \_\_\_\_\_

### **Health Information:**

List any medication the applicant takes and for what condition: \_\_\_\_\_

Does the applicant have any limitation in physical activities? If so, please explain: \_\_\_\_\_

**SPACE IS LIMITED, PLEASE SECURE YOUR SPACE BY MAILING OR DROPPING OFF YOUR APPLICATION AT 3917 WEST 12TH STREET.**

