



# Delaware Fish & Wildlife Natural Resources Police Youth Academy Registration Form 2020



Please complete ALL PAGES for each participant. Participants will not be registered or allowed to attend the academy without submitting a completed registration form.  
Do not leave any areas blank; forms with blank areas will be considered incomplete.  
Please write "N/A" or "none" in any areas that you do not need to answer.

<b>BASIC Youth Academy KENT COUNTY</b>	<b>BASIC Youth Academy NEW CASTLE COUNTY</b>
<b>Dates: June 22 – June 26, 2020</b>	<b>Dates: July 13 – July 17, 2020</b>
<p style="text-align: center;"><u><b>Location:</b></u></p> <p style="text-align: center;"><b>Little Creek Hunter Education Training Center 3018 Bayside Drive Dover, DE 19901</b></p> <p style="text-align: center;"><b>Application Deadline: Friday, May 29, 2020</b></p> <p>Yes, I am applying for this session (please check): <input type="checkbox"/></p>	<p style="text-align: center;"><u><b>Location:</b></u></p> <p style="text-align: center;"><b>Ommelanden Hunter Education Training Center 1205 River Road New Castle, DE 19720</b></p> <p style="text-align: center;"><b>Application Deadline: Friday, May 29, 2020</b></p> <p>Yes, I am applying for this session (please check): <input type="checkbox"/></p>

**PARTICIPANT INFORMATION**

<b>Last Name:</b>	<b>Last Four of SSN:</b> (Required for Hunter Ed Card)
<b>First Name:</b>	<b>Grade Completed:</b>
<b>Date of Birth:</b>	<b>School:</b>
Age as of June 22: _____ (KENT BASIC)	<b>T-Shirt Size:</b>
Age as of July 13: _____ (NEW CASTLE BASIC)	<b>Child:</b> <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Adult:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

**MEDICAL INFORMATION**

Health Insurance:

Doctor's Name:	Doctor's Phone:
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*Please complete the following immunization information for our records (participant must have all four)*

<b>MONTH/YEAR</b>	<b>IMMUNIZATION</b>
	Tdap (Diphtheria, Tetanus, Pertussis)
	IPV/OPV (Polio)
	Hib (Haemophilus Influenzae)
	MMR (Measles, Mumps, Rubella)

**MEDICAL HISTORY**

Does your child have any allergies?       Yes       No  
**If yes, please specify:**

\_\_\_\_\_

Does your child have any medical conditions we should be aware of?       Yes       No  
**If yes, list any known conditions, illnesses, etc., which may limit or restrict the above person from participating in camp activities:**

\_\_\_\_\_

Does your child have any dietary restrictions (other than allergies)?       Yes       No  
**If yes, please specify:**

\_\_\_\_\_

Does your child need to take medication while at the camp?  Yes  No

If yes, please list medications and give us detailed instructions:

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Is there any other information about your child that staff could benefit from knowing to better serve your child?

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### FAMILY INFORMATION

<b>Parent/Guardian</b> <input type="checkbox"/> <b>Call First</b>	<b>Parent/Guardian</b> <input type="checkbox"/> <b>Call First</b>	<b>Address</b>
<b>Last Name:</b>	<b>Last Name:</b>	<b>Street:</b>
<b>First Name:</b>	<b>First Name:</b>	
<b>Home Phone:</b>	<b>Home Phone:</b>	
<b>Work Phone:</b>	<b>Work Phone:</b>	<b>City:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>	<b>State:</b>
<b>E-mail Address:</b>	<b>E-mail Address:</b>	<b>Zip Code:</b>

### EMERGENCY CONTACT INFORMATION

*The emergency contacts will be notified if the parent/guardians listed above cannot be reached.*

PRIMARY EMERGENCY CONTACT		SECONDARY EMERGENCY CONTACT	
<b>Full Name:</b>		<b>Full Name:</b>	
<b>Relationship:</b>	<b>Work Phone:</b>	<b>Relationship:</b>	<b>Work Phone:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>

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## RELEASE STATEMENTS Part I

By initialing below, you acknowledge that you have read and agreed to each item.

### **Water Activities:**

I understand that the academies with Delaware Division of Fish & Wildlife, Natural Resources Police, include activities in or near water such as boating and fishing. I give my permission for my child(ren) to participate in all water activities included in the academies. For academies that include boating participants must be able to swim.

\_\_\_\_\_  
Initials

### **Photo Release:**

I understand that photos and/or video taken during the academies may be used by Delaware Division of Fish & Wildlife, Natural Resources Police, for promotional materials and on social media.

\_\_\_\_\_  
Initials

### **Child Safety:**

Delaware Division of Fish & Wildlife, Natural Resources Police, follow applicable child safety laws for transporting participants. I will supply a car seat or booster seat for my child when he/she travels with the academies, if/when applicable.

\_\_\_\_\_  
Initials

## RELEASE STATEMENTS Part II

By signing below, you acknowledge that you have read and agreed to each item.

- ◆ I/We acknowledge that there are natural hazards associated with this academy and related activities in the outdoor setting.
- ◆ I/We hereby affirm that my child is in good health and physically capable of performing the required activities of this academy.
- ◆ I/We understand that all possible precautions are taken to insure that all programs and activities sponsored by Delaware Division of Fish & Wildlife, Natural Resources Police, are conducted by mature and qualified personnel in a safe and responsible manner.
- ◆ I/We voluntarily assume the risks of the activities for my child. If programs or classes meet or travel to other areas, I/we give permission to Delaware Division of Fish & Wildlife, Natural Resources Police, for my child to be transported there by a Fleet-authorized driver in a State of Delaware vehicle.
- ◆ I/We know that the use of firearms and target shooting are potentially hazardous activities involving a possible risk of serious bodily injury or death.
- ◆ I/We know to abide by all range safety rules provided and any decision of the range officer or program provider relative to my minor child's ability to safely participate in live firing.
- ◆ I/We freely assume all risks associated with my minor child's use of firearms and target shooting equipment in this academy, including risk of bodily injury or death or any other damage arising as a result of my child's participation in this academy, all such risks being known and appreciated by me.

- ◆ In the event of an emergency, a Delaware Fish & Wildlife Natural Resources Police employee will make every attempt to contact the parent/guardian. In the event that the parent/guardian cannot be reached, I/We give permission to Delaware Division of Fish & Wildlife, Natural Resources Police, to secure proper medical treatment and hereby expressly waive any and all claims of nature arising from such treatment.
- ◆ I/We understand that any medical expense incurred will be billed directly to me or to my insurance company.
- ◆ I/We hereby certify that my child is not a person prohibited from possessing a deadly weapon in accordance with Delaware Code Title 11, subsection 1448 which pertains to the unlawful possession of a deadly weapon by a person prohibited.
- ◆ In consideration of Delaware Division of Fish & Wildlife Natural Resources Police accepting my child into this academy and to the extent permitted and provided by State Law, **I hereby release from liability, waive any rights to sue and hold harmless** the following: The State of Delaware, the Department of Natural Resources and Environmental Control, the Division of Fish & Wildlife, the Hunter Education Program, its employees, volunteers, program providers, and cooperating facilities from all claims or liabilities of any kind arising out of my child's participation in this academy.

**Note: Guardian / Parental consent by notarized signature is required for any academy participant under the age of 18 or acceptance into the academy WILL NOT be granted.**

*Participant Signature and Date*

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*Parent/Guardian Signature and Date*

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*Justice of the Peace / Notary Signature and Date*

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SEAL



## RELEASE OF MINORS

All participants are released at the end of the academy to their parent/guardian or one of the individuals listed on their form, unless otherwise verbally directed by a parent/guardian. **There will be no exceptions!**

**REMINDER:** Photo Identification must be provided at time of pick up. In addition to names already listed on this application, my child may be released to the following individual (s).

<b>Name:</b>	<b>Phone Number:</b>
<b>Name:</b>	<b>Phone Number:</b>
<b>Name:</b>	<b>Phone Number:</b>

## CODE OF CONDUCT

The academies are meant to be full of fun, educational and recreational activities. For the benefit of all participants, it is important that children behave appropriately within the academies. If it becomes necessary to take disciplinary action against a child, the steps followed are outlined below.

- ◆ **1st Incident:** The participant will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible away from other participants).
- ◆ **2nd Incident:** Staff will determine an appropriate consequence for the participant's actions (examples may include a time out or exclusion from participating in an activity). The participant's parents will be notified of the behavior when they arrive to pick the child up.
- ◆ **3rd Incident:** The child will be excused from the academy.

The academy staff of Delaware Division of Fish & Wildlife, Natural Resources Police, reserves the right to bar any child from the academy following a first incident in cases of serious behavior problem.

In order to maintain a safe and peaceful environment we require parents and participants to read and understand the importance of abiding by the following code of conduct:

- I will follow the academy schedule. I will bring only the listed items to the academy (no weapons, **electronic items**, etc.)
- I will respect the academy staff and other participants by not using foul language, name calling or fighting.
- I will follow all safety rules set forth by the academy staff.

I agree to help my child(ren) abide by this code of conduct.

*Parent/Guardian Signature and Date*

*Print Name*

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