

## BARNSTABLE COUNTY SHERIFF'S OFFICE YOUTH ACADEMY APPLICATION

Mail or email Application to: BCSO Youth Programs, 6000 Sheriff's Place, Bourne, MA 02532  
youthprograms@bsheriff.net

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ (MI) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Female  Male

School: \_\_\_\_\_ Grade going into in Fall: \_\_\_\_\_

Ethnic Background: African American  Asian  Caucasian (White)  Hispanic  Multi-Racial  Native American  Other

	Mother Yes <input type="checkbox"/> No <input type="checkbox"/>	Father Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Guardian (Relationship): Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other <input type="checkbox"/> _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
Who does child live with?			
First & Last Name			
Street Address			
P. O. Box			
Town & Zip			
Phone numbers: Home/Cell			
Email Address			
Place of Employment			
Best phone # to call you in case we need to reach you			

<b>EMERGENCY CONTACTS :</b> Those persons to whom your child may be released to in case of injury or illness, or dismissal (other than Guardians.)	Name:	Phone:
	Name:	Phone:
Health Insurance Carrier: Check here if no insurance <input type="checkbox"/>	Company Name and Policy ID#:	
Medical or Mental Health Issues? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain:		
Medicine to be taken during Academy hours? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please detail:		
Counselor or Therapist	Name:	Phone:
Probation Officer	Name:	Phone:
DA Diversion Caseworker:	Name:	Phone:
DCF Contact Person	Name:	Phone:
Other Service Provider	Name:	Phone:

**Family Factors (check all that apply):**

<input type="checkbox"/> Divorce	<input type="checkbox"/> Death	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Other loss	<input type="checkbox"/> Addiction
<input type="checkbox"/> Incarceration	<input type="checkbox"/> Recent move	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Emotional Abuse
<input type="checkbox"/> Neglect	<input type="checkbox"/> Other: _____			

Referred by:	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> School <input type="checkbox"/> Juvenile Court (Diversion) <input type="checkbox"/> Probation <input type="checkbox"/> CRA <input type="checkbox"/> DCF <input type="checkbox"/> Other:
Print Name:	
Primary reason for referral:	

**RELEASE OF INFORMATION:** I give permission for the Barnstable County Sheriff's Office staff working with my child to share information as necessary with any of the people named in this application (school, counselor, court, DCF, DYS, etc.)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Application completed by: Parent/Guardian  Other  (name) \_\_\_\_\_

**RELEASE**

Please fill out completely, sign and initial where indicated  
For questions contact: [youthprograms@bsheriff.net](mailto:youthprograms@bsheriff.net) or (508) 563-4356

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of the aforesaid Child, give permission for my child to participate in the Barnstable County Sheriff's Office Youth Academy. In consideration for this permission, I understand and agree to waive certain valuable rights in exchange for my child's participation in the Barnstable County Sheriff's Office Youth Academy and any related activities associated therewith. I hereby acknowledge and agree to release and hold harmless the Commonwealth of Massachusetts, the Barnstable County Sheriff's Office, its employees, agents, successors, assigns, and any and all individuals, organizations and volunteers assisting the Barnstable County Sheriff's Office, from any and all claims, actions, rights of action and causes of action, damages, costs, expenses, and compensation from liability for physical injury or damages to property which may occur while participating in any activity associated with the BCSO Youth Academy. I recognize that participation in various physical activities of the Barnstable County Sheriff's Office Youth Academy involves subjecting oneself and others to risk of injury, and I hereby agree that my child will obey the safety standards of the program and the instructions of the Youth Academy Program staff.

**Medical Release/Disclosure:** \_\_\_\_\_ **Initial**  
By executing this Release I understand that participating in the programs and exercises practiced during the BCSO Youth Academy is voluntary. I assume the risk of any and all injuries which may occur as the result of my child's participation in the BCSO Youth Academy despite any physical and/or emotional conditions which may be identified in this Application. Please identify any physical or emotional conditions which might limit or affect participation by your child in the BCSO Youth Academy, or make your child susceptible to injury during the program:  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization for Treatment:** \_\_\_\_\_ **Initial**  
By executing this Release, I hereby authorize the Barnstable County Sheriff's Office staff that are trained in the basics of first aid and CPR to provide first aid and/or CPR to my child when appropriate. I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child, however, if I cannot be reached, I hereby authorize transport of my child to the nearest medical facility or hospital to secure necessary medical treatment. I understand and agree that photocopies of this form may be utilized as if an original for purposes of trips outside of the BCSO Youth Academy facilities and for the need to authorize medical treatment for my child.

**Photo/Media Release:** \_\_\_\_\_ **Initial**  
The undersigned grants the Barnstable County Sheriff's Office, its officers, employees, agents, successors and/or assigns, the right to use, reproduce, assign and/or distribute appropriate photographs, films, videotapes and sound recordings relative to the Youth Academy program involving my child, for use in materials that may be compiled and distributed in various forms including social media.

**Release of All Claims:** \_\_\_\_\_ **Initial**  
By executing this Release I further affirm that in consideration of my child's participation in the BCSO Youth Academy, my child, his/her heirs, executors, administrators, personal representatives, parents, and/or legal guardians, agree to indemnify, hold harmless, release and forever discharge the Commonwealth of Massachusetts and the Barnstable County Sheriff's Office, its employees, agents, successors and assigns, and any and all individuals, organizations and volunteers assisting the Barnstable County Sheriff's Office from any and all manner of actions, suits, claims, demands, judgments, damages and liability in law and in equity, which may arise or result from my child's participation in the above mentioned BCSO Youth Academy or any activity involved therewith, including costs and reasonable attorney's fees.

The parent/legal guardian listed below hereby acknowledges that the Commonwealth of Massachusetts and the Barnstable County Sheriff's Office have relied upon the good faith execution and delivery of this form and, further, agrees to assume the risk for any and all injuries which may be sustained by the child while participating in the above referenced program.

**I hereby certify that I have read, understand and agree to the conditions set forth in this Release.**

Applicant Name \_\_\_\_\_ Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Please indicate: Parent  or Legal Guardian

Parent/Legal Guardian \_\_\_\_\_ Printed Name \_\_\_\_\_