



**DELAWARE DEPARTMENT OF CORRECTION
YOUTH ACADEMY**

July 10-12, 2018

Please return form to:

Delaware Department of Correction
245 McKee Road
Dover, DE 19901

Contact: Jamie Courtney - Phone: 302.857.5386

Sean Dial – Phone: 302.857.5299

Deadline for Application is 3 pm on May 25, 2018

Name of Applicant:

_____ (Last) (First) (MI)

Address:

_____ (Street) (City) (State) (Zip)

Applicant Email Address: _____

Phone: _____ **Social Security Number:** _____

Date of Birth: _____ **Age:** _____ **Driver's License** _____

School: _____ **Current Grade:** _____ **Adult Shirt Sizes:** S / M / L / XL

Parent/Guardian Name:

Address (if different):

Telephone Number: (Home) _____ **(Cell)** _____ **(Work)** _____

Parent Email Address: _____

Emergency Name and Telephone Number (other than parent or guardian):



APPLICANT ESSAY

Please submit a TYPED One (1) page essay along with your application.

Topic: Why I would like to attend the 2018 DOC Youth Academy

Must Be Completed By School Counselor Or School Resource Officer:

Counselor / SRO Name: _____ **Phone:** _____

Recommendations / Comments: _____

Counselor / SRO Signature: _____

APPLICANT REQUIRED ITEMS

ATHLETIC APPAREL:

_____ Athletic Clothing (Polo Shirt / Casual Pants)

_____ Athletic Black Shoes

_____ Gym Socks

No facilities are available for the purchase of any of the above articles. It is suggested that no large sums of money be brought to the Academy.

All Applicants: Do not bring jewelry, candy, gum, any electronic devices, iPod's, radios, cellular phones, etc. Male applicants will be expected to be clean shaven every day with a military haircut. Females will be expected to wear their hair in a bun; if appropriate. No earrings, nose rings, or belly rings will be permitted.



DEPARTMENT OF CORRECTION YOUTH ACADEMY RELEASE

I, _____, being over twenty-one (21) years
(Print Parent / Guardian's Name)

of age, and being parent and/or guardian of _____,

a minor of () years of age, in consideration of being made available to said minor the facilities at the

Department of Correction Training Academy, Dover, Delaware, during the year 2018, do hereby

covenant and agree with the State of Delaware, Department of Correction, that neither said minor nor I,

individually, or as a parent and/or guardian of said minor, will ever institute any law suit, action of law,

or make any claim against said State, its officers, agents, employees or members for or by reason of any

damage, loss or injury either to the person or property or both , whether developed or undeveloped,

resulting or to result, known or unknown, which occur during or as a result of any participation of events

known as Department of Correction Youth Academy.

Parent / Guardian's Signature: _____

Date: _____



DEPARTMENT OF CORRECTION YOUTH ACADEMY MEDICAL FORM

To be filled out and signed by examining doctor:

(A copy of a physical may be attached, if completed within last 12 months)

State Following Condition of:

Heart _____

Temp _____

Lungs _____

S/P or Hernia _____

Eyes _____

Athletes Foot _____

Sinuses _____

Throat _____

Ears _____

Teeth _____

Polio Shots: Series _____ # of Shots _____ Date: _____

Tetanus Shot: Date: _____

General Health: _____

Physician's signature: _____

Date: _____

**Any Students taking a prescribed medication must have physician's signature.
Medication must be registered with the Academy personnel upon arrival.**

Prescribed Medication: _____

Physician's Signature: _____

Additional Case Information: _____

Must be completed by parent / guardian:

Medical Insurance: _____ Policy # _____

Parent/Guardian's Signature: _____