



**DELAWARE DEPARTMENT OF CORRECTION
YOUTH ACADEMY
245 McKee Road
Dover, DE 19904
(302) 857-5288**

July 20, 2026 – July 24, 2026 - Ages 10 - 13, 8:00 AM-4:00 PM
August 3, 2026 – August 7, 2026 - Ages 14 - 17, 8:00 AM-4:00 PM

Application Deadline is April 30, 2026

Applicants will be notified of acceptance by May 29, 2026. If you do not receive notice of acceptance, your child has been placed on the waiting list and you will be notified if a seat becomes available.

If your child is accepted, an informational letter with additional details will be sent prior to the start of the Youth Academy.

Please e-mail completed forms to: DOC_Training@delaware.gov

APPLICANT:

NAME: _____

Applicant Address:

Date of Birth: _____ **Age:** _____

School: _____ **Fall 2026 Grade:** _____

PARENT/GUARDIAN:

NAME: _____

Address (if different from applicant):

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

E-mail Address: _____

Emergency Name and Telephone Number:



APPLICATION REQUIREMENTS

Must check one

- My child is able to attend all 5 days.
- My child is not able to attend all 5 days

UNIFORMS ISSUED/SIZES

Each cadet will be provided with the uniform below and will be required to wear this uniform during their academy week:

- 2 Navy Blue Shirts
- 2 Navy Blue Shorts
- 1 Navy Blue Sweatpants
- A baseball cap

Please select your child's sizes:

- **Adult Shirt Sizes:** S M L XL
- **Athletic Short Sizes:** (Youth) S M L XL or (Adult) S M L XL
- **Athletic Sweatpants Sizes:** (Youth) S M L XL OR (Adult) S M L XL

I certify that I understand during the youth academy, participants will not be permitted to wear jewelry or bring candy, gum, or other electronic devices, cellular phones, etc. All hair must be neatly groomed. For age-appropriate male applicants, they will be expected to be clean shaven.



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 2026, 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 lawsuit, 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 INFORMATION

Please provide the following information

I, _____ acknowledge that my child, _____ has had a physical exam within the last 12 months and has no medical or physical limitations that would interfere with his/her ability to fully participate in the Youth Academy.

Please list if your child has any medicine or food allergies:

Medication Allergies: Yes No If yes, please list the medication he/she is allergic to:

Food Allergies: Yes No If yes, please list the foods he/she is allergic to:

Please list if student is taking a prescribed medication.

Medication must be registered with the Academy personnel upon arrival.

Prescribed Medication: _____

Medical Insurance Provider: _____ Policy # _____

Parent/Guardian's Signature: _____



CONSENT FORM FOR PHOTOGRAPHY & VIDEO RECORDING

2026 DEPARTMENT OF CORRECTION SUMMER YOUTH ACADEMY

YOUTH ACADEMY PARTICIPANT NAME: _____

NAME OF PARTICIPANT'S PARENT/GUARDIAN: _____

CONSENT TO BE PHOTOGRAPHED OR VIDEO RECORDED

The Delaware Department of Correction will take still and video photography of participants in the DOC Summer Youth Academy. Said photographs and videos may be posted to the DOC website, DOC social media accounts, and/or distributed to the news media.

I give permission for my child to be photographed and/or video recorded.

I do not give permission for my child to be photographed and/or video recorded

I certify that all information included in this application is accurate and that I am the legal/parent guardian with the authority to enroll my child in the DOC Youth Academy.

Parent/Guardian's Signature: _____

[Click to Sign](#)

Date: _____

Please e-mail completed forms to: DOC_Training@delaware.gov