



# JUNIOR TROOPER ACADEMY

Day camp for grades 6-8\*

Tennessee Highway Patrol Training Center  
283 Stewarts Ferry Pike  
Nashville, Tennessee 37214

**JULY 11-15, 2016**

**Applications due no later than May 15, 2016**

*Parents will receive notification of acceptance by May 30, 2016*

*\* Reflective of grade for 16-17 school year*



# Tennessee Highway Patrol

## Junior Academy

### Grades 6-8

### Application



Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ M  F   
 Social Security #: \_\_\_\_\_ TN Driver License #: \_\_\_\_\_ Race \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 School \_\_\_\_\_ Grade for Academic Year 16-17 \_\_\_\_\_  
 Preferred Name \_\_\_\_\_

T-Shirt Size Youth:  Small  Medium  Large  
 Adult:  Small  Medium  Large  X-Large  2XL

Parent/Guardian #1 \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been arrested, detained, or taken into police custody by a Law Enforcement Official? Yes  No   
 If yes, when and explain: \_\_\_\_\_

Have you ever been convicted of drug possession or used any illegal drugs? Yes  No  If yes, when and please explain: \_\_\_\_\_

*\*Both signatures below indicate that all information has been answered truthfully.*

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Participant Name (please print)

\_\_\_\_\_  
 Parent/Guardian Name (please print)

## Medical Information

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Phone \_\_\_\_\_ List all Medical Conditions \_\_\_\_\_

List all food allergies and reactions \_\_\_\_\_

Dietary restrictions? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Will applicant be required to take medication while attending this camp? Yes  No

If yes, what is the Medication(s) (Name/Dosage/Time) \_\_\_\_\_

**All medications must be verified by academy staff and the parent when your child is dropped off at the Training Center on the day of arrival.**

Parent Initials \_\_\_\_\_

*\*All medical emergencies will be treated as such and will be attended to by the Tennessee Highway Patrol as deemed necessary by academy personnel, instructors, and/or coordinators.*

## Waiver of Medical Treatment

In the event of illness or injury occurring to my son/daughter during attendance at Tennessee Highway Patrol, Junior Trooper Academy, I do hereby consent to whatever examination, anesthesia, x-ray, medical or surgical diagnostic procedure, or treatment, that is considered reasonable and necessary in the best judgment of the attending licensed physical and performed by, or under, the supervision of a member of the medical staff of the hospital furnishing medical services. I understand that, in the event of serious illness or injury, reasonable efforts to notify those listed in case of emergency will be attempted.

Participant Name \_\_\_\_\_

Parent/ Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## RELEASE OF LIABILITY WAIVER

I, THE UNDERSIGNED, HEREBY AUTHORIZE MY SON/DAUGHTER TO PARTICIPATE IN THE TENNESSEE HIGHWAY PATROL JUNIOR TROOPER ACADEMY SUMMER PROGRAM. THE CAMP WILL TAKE PLACE ON JULY 11- JULY 15, 2016 AT THE TENNESSEE HIGHWAY PATROL TRAINING CENTER LOCATED AT 283 STEWARTS FERRY PIKE, NASHVILLE, TN 37214.

I, THE UNDERSIGNED, GIVE PERMISSION FOR MY SON/DAUGHTER TO BE TRANSPORTED TO AND FROM SCHEDULED AND SPECIFIED EVENTS BY THE FOLLOWING MODES OF TRANSPORTATION: 1) VEHICLES OWNED AND OPERATED BY THE TENNESSEE HIGHWAY PATROL, OR 2) PRIVATELY OWNED VEHICLES.

I, THE UNDERSIGNED, IN CONSIDERATION FOR MY SON/DAUGHTER'S PARTICIPATION IN THE JUNIOR TROOPER ACADEMY OF THE TENNESSEE HIGHWAY PATROL, AND RECOGNIZING THAT SUCH ACTIVITY INVOLVES CERTAIN INHERENT RISKS AND DANGERS, HEREBY AGREE TO ASSUME THE RISKS ATTENDANT TO ALL ACTIVITIES ASSOCIATED WITH PARTICIPATION IN THE JUNIOR TROOPER ACADEMY OF THE TENNESSEE HIGHWAY PATROL.

I, THE UNDERSIGNED, FOR MYSELF, MY LEGAL REPRESENTATIVE(S), HEIRS AND ASSIGNS DO HEREBY RELEASE, WAIVE, AND DISCHARGE THE TENNESSEE HIGHWAY PATROL, THE TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY, TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY FOUNDATION, THE STATE OF TENNESSEE, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ANY LIABILITY OF ANY NATURE WHAT SO EVER FOR ANY LOSS OR DAMAGE OR ANY CLAIM OF DAMAGES RESULTING FROM MY SON/DAUGHTER'S PARTICIPATION IN THE THP JUNIOR TROOPER ACADEMY.

I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE TENNESSEE HIGHWAY PATROL, THE TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY, THE TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY FOUNDATION, THE STATE OF TENNESSEE, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, AND LIABILITY, INCLUDING ALL EXPENSES OF LITIGATION, AND INCLUDING ANY CLAIMS BROUGHT BY THIRD PARTIES, FOR INJURY TO MY SON/DAUGHTER OR ANY PERSON OR LOSS OF PROPERTY ARISING OUT OF MY SON/DAUGHTER'S PARTICIPATION IN THE JUNIOR TROOPER ACADEMY OF THE TENNESSEE HIGHWAY PATROL.

PARTICIPANT'S NAME (PRINT) \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINT) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE DATE \_\_\_\_\_

### TENNESSEE HIGHWAY PATROL WITNESS

WITNESS NAME (PRINT) \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_



## PHOTOGRAPHY/VIDEO WAIVER

I, \_\_\_\_\_, hereby authorize The Tennessee Highway Patrol to photograph and/or video my child. I understand that these photographs or videos can be utilized for any promotional or training materials, recruitment flyers, display ads, commercial television, magazines, websites, newspaper articles and/or billboards to further promote future academies that the Highway Patrol may have.

\_\_\_\_\_

Print Child's Participants Name (Printed)

\_\_\_\_\_

Parents/Guardian Name (Printed)

\_\_\_\_\_

Parents/Guardian Signature

Date



## Application Checklist

*\*All items must be completed and included in your application packet. Failure to leave out required documents will result in your application not being eligible for acceptance.*

- Signed Application
- Signed Waiver of Medical Treatment
- Signed Photo Waiver
- Signed Release of Liability Waiver

*\*Completed applications should be emailed to [Stephanie.Hitchcock@tn.gov](mailto:Stephanie.Hitchcock@tn.gov)*