**QUALIFICATIONS: Applicant must:**

* Be between 15-18 years of age.
* Have completed 10th or 11th grade by the beginning of camp.
* Have no criminal record (checked on-line through WATCH - https://fortress.wa.gov/wsp/watch/).
* Be healthy and capable of strenuous exercise and stress.
* Be interested in a Criminal Justice career.

**INSTRUCTIONS:**

After completing this application, MAIL the complete package to the state Kiwanis representative   
**Attn: Camp Administrator, P O Box 381, Olympia, WA 98507-0381**

**SUBMISSION CHECKLIST:**

* COMPLETED application including:
  + - * Principal’s Signature
      * Recommendations from two teachers
      * Transcript of your grades showing 2.5 or above cumulative GPA
      * Parent’s Signature
      * Photocopy of Driver’s License, Instruction Permit, or passport
* Health Statement including Physician’s Signature
* Liability Release
* An essay of at least 100 words on “Why I Would Like to Attend Law Enforcement Career Camp”
* $50 check to be paid by applicant. ($600 balance to be paid by sponsor / Kiwanis club)

Note: A $50 tuition sharing fee is due when the applicant reports for camp.

**Note: Sponsorship by a Kiwanis club can be obtained before submitting application OR after being accepted to the camp.**

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| **THIS PORTION TO BE COMPLETED BY SPONSORING PARTY / AGENCY / KIWANIS CLUB** | | | | |
| Please complete so club & sponsor can get proper credit. Forward completed application and sponsorship fee to:  **Washington Kiwanis Law Camp c/o Camp Administrator**  **P.O. Box 0381**  **Olympia, WA 98507-0381** | | | | |
| 🞏 $600 Student Fee Enclosed | SUBMITTED BY (Please Print) | | | |
|  |  | | | |
| ADDRESS | | CITY | STATE | ZIP |
|  | |  |  |  |
| PHONE | | KIWANIS CLUB OR SPONSOR | | |
|  | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | |
| APPLICANTS NAME | | | | | | E-MAIL ADDRESS | | | |
|  | | | | | |  | | | |
| ADDRESS | | | | | CITY | STATE | ZIP | PHONE | |
|  | | | | |  |  |  |  | |
| SHIRT SIZE (Circle One) | GENDER | HEIGHT | WEIGHT | | DATE OF BIRTH | | DRIVERS LICENSE or PERMIT # | | |
| **S M L XL 2X 3X** |  |  |  | |  | |  | | |
| NAME OF SCHOOL | | GRADE CURRENTLY ENROLLED | | | SCHOOL LOCATION | | | | |
|  | |  | | |  | | | | |
| **AUTHORIZATION**  The following signatures are required to indicate approval of your application – **NO RUBBER STAMPS ALLOWED.**  Please attach a transcript of your grades. | | | | | | | | | |
| *I certify that the applicants’ scholastic record was average or better during the past school year.* | | | | | | | | | |
| PRINCIPAL | | | | SCHOOL | | | | | DATE |
| *I certify that the applicants’ scholastic record was average or better during the past school year.* | | | | | | | | | |
| TEACHER | | | | SCHOOL | | | | | DATE |
| *I certify that the applicants’ scholastic record was average or better during the past school year.* | | | | | | | | | |
| TEACHER | | | | SCHOOL | | | | | DATE |
| I certify the above applicant has no criminal record and has not been arrested by a law enforcement agency in the past year and has no current charges pending. I understand that lying about this will result in immediate disqualification and expulsion from the camp.  APPLICANT’S SIGNATURE DATE | | | | | | | | | |
|  | | | |  | | | | |  |
| *I hereby give permission for the above named applicant to attend the Law Enforcement Career Camp. I also give my consent for examination of their Juvenile Records.* | | | | | | | | | |
| PARENT OR GUARDIAN | | | | | | | | | DATE |
| *I certify that the above information is correct and that I am interested in considering a future career in the Criminal Justice System. I also give my permission to examine my Juvenile Records.* *If selected, I understand that I will be expected to comply with the camp’s Rules of Conduct at all times.* | | | | | | | | | |
| APPLICANT’S SIGNATURE | | | | PRINT APPLICANT’S NAME | | | | | DATE |

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| **HEALTH STATEMENT** | | | | | | | | | | | |
| APPLICANTS NAME | | | | | | | | | DATE OF BIRTH | | |
|  | | | | | | | | |  | | |
| ADDRESS | | | | | CITY | | | STATE | ZIP | | PHONE |
|  | | | | |  | | |  |  | |  |
| HEALTH INSURANCE PROVIDER | | | | | | | | POLICY NUMBER | | | |
|  | | | | | | | |  | | | |
| FAMILY PHYSICIAN | | | | | | | | DR.’S PHONE | | | |
|  | | | | | | | |  | | | |
| Applicants must have current protection against diphtheria, tetanus, poliomyelitis, measles and rubella, or a statement from a physician that immunization will be obtained prior to the camp. | | | | | | | | | | | |
| CHECK IF IMMUNIZATION HAS BEEN OBTAINED: | | | | | | | | | | | |
| 🞏 Diphtheria | | 🞏 Poliomyelitis | | 🞏 Rubella | | 🞏 Tetanus | | | | 🞏 Measles | |
| GENERAL PHYSICAL CONDITION OF APPLICANT: | | | | | | | | | | | |
| 🞏 Satisfactory | | | 🞏 Unsatisfactory | | | | | | | | |
| BLOOD TYPE | CURRENT MEDICATIONS | | | | | | | | | | |
|  |  | | | | | | | | | | |
| LIST ANY PHYSICAL CONDITION THE CAMP DIRECTOR SHOULD BE AWARE OF: | | | | | | | | | | | |
| 🞏 Diabetes 🞏 Allergies 🞏 Other (Explain) | | | | | | | | | | | |
| *I understand that this program will involve strenuous physical exercise, and based upon my knowledge of this named individual*  *I believe he/she can fully and actively participate in such a program safely and without undue hazard to his/her health.* | | | | | | | | | | | |
| PHYSICIAN’S SIGNATURE | | | | | | | PHYSICIAN’S PHONE NUMBER | | | | |
|  | | | | | | |  | | | | |
| PHYSICIAN’S NAME: (Please Print) | | | | | | | DATE | | | | |
|  | | | | | | |  | | | | |

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| --- | --- | --- | --- | --- |
| **LIABILITY RELEASE** | | | | |
| APPLICANTS NAME | | | | |
|  | | | | |
| ,  Parent/guardian of  give my permission for the above-named applicant to participate in the Washington State Kiwanis Youth Law Enforcement Camp (the “Camp”) conducted by the Kiwanis Clubs of Washington State and the Washington State Patrol from July 10-16, 2016. I give permission to Kiwanis, it’s employees and those acting with its authorization to check the criminal background history of my son/daughter. I hereby give Kiwanis, its employees, and those acting with its authorization, the right and permission to copyright, use, and/or publish photographic pictures or portraits of my son/daughter in magazine, literature, web and direct mail promotion of the Camp.    My son/daughter is not presently under medical care for any physical or mental ailment and is not taking any medication other than what is listed on the Health Statement Form and does not have any physical injuries that may be aggravated by physical activity.    I assume full responsibility for my son/daughter attending the Washington State Kiwanis Youth Law Enforcement Camp and give my permission for my son or daughter to participate in all aspects of the Camp. By signing below, the applicant on behalf of him or herself, and the parent/guardian on behalf of the applicant, and him or herself, and their respective heirs, personal representative, and assigns, hereby release and discharge the Kiwanis Clubs of the Pacific Northwest District, together with any local or affiliate chapter thereof, the Washington State Kiwanis Youth Law Enforcement Camp Incorporated, the Washington State Patrol, and their respective officers, employees, agents, and volunteers, including but not necessarily limited to the individual Camp counselors and instructors from any claims or liability for personal injury or wrongful death that might occur to the applicant resulting from, arising out of, or in any way relating to the applicant’s participation in the Camp.    I understand that first aid will be available at the camp, that students will be closely supervised and that if serious injury or illness develops, medical and/or hospital care will be given. I further understand that in the case of serious injury or illness I will be notified. If it is impossible to reach me or I am not reasonably available to grant consent, I give permission for emergency treatment or surgery as recommended by the attending physician. | | | | |
| SIGNATURE OF PARENT OR GUARDIAN | | SIGNATURE OF APPLICANT | | |
|  | |  | | |
| ADDRESS | | | | |
|  | | | | |
| CITY | | | STATE | ZIP |
|  | | |  |  |
| E-MAIL ADDRESS | HOME PHONE | | WORK PHONE | DATE |
|  |  | |  |  |

Essay by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_