



## Elmer Hafer-American Legion-State Police-National Guard Youth Camp

Sponsored by:  
Pennsylvania American Legion  
Pennsylvania State Police  
Pennsylvania National Guard

**JUNE 9-15, 2024**

### General Requirements

This is a premiere camp for young men and women. Applicants must be a resident of Pennsylvania and between the ages of 15 and 17 and cannot have reached their 18th birthday prior to or during camp. The Post or District Commander, or his/her representative will interview each applicant nominated, to select candidates and their alternates. Applicants must be in good health, with no physical deficiencies, have an average or above average standing in their class, and express a personal interest in either law enforcement or military service. Applicants are chosen until the camp has reached its maximum goal.

- **Cadets who previously attended are not eligible to re-apply.**

**The camp is not a recreational camp or a disciplinary camp for problem youths;** it is a rigorous camp that will test both their physical and mental capabilities. Please encourage your student to attend. However, if their desire is to not attend, do not force them since this will only hamper our efforts to host the best camp possible. Students should begin Hydration at least one week prior to arrival at camp.

- **Students should begin Hydration at least one week prior to arrival at camp.**

### Training

Cadets participate in a wide variety of instructional sessions with the State Police, and National Guard. They will learn to work as a team, taught self-discipline, self-esteem, and leadership, receive hands-on exposure to military discipline along with familiarization with military and law enforcement services, just to name a few. Recreational activities will be scheduled as time permits.

### Sponsorship

Applications are to be taken to your local American Legion Post, District, Auxiliary Unit, or any civic group who may sponsor you and pay the \$175.00 fee. **To obtain sponsorship from your local American Legion Post you must forward the post your completed application by May 15th**, to give the posts time to vote on the sponsorship request at their monthly meetings.

#### **Before sending in your application, be sure of the following:**

- All 3 pages are completed and signed.
- Medical form - signed by physician no earlier than September 1st of the current year.
- Copy of Medical Insurance Card(s) attached.
- Small photograph attached.
- **Mail all of the above to the sponsoring Legion Post, attn: Post Adjutant**

- **Deadline to submit applications to the sponsoring post is May 15, 2024**

### Instructions for Legion Posts

Please mail the completed application and check for the tuition fee in the amount of \$175.00 (made payable to Pa American Legion), to Pennsylvania American Legion, attn: Elmer Hafer-American Legion-State Police-National Guard Youth Camp, PO Box 2324, Harrisburg, Pa. 17105-2324.

- **Deadline to submit all required documents to Legion Headquarters is May 31, 2024**

# APPLICATION

Please Print Legibly or Type

Application must be returned TO YOUR LOCAL LEGION POST no later than **May 15, 2024**.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Road City State Zip

School Grade Completed June 2024 \_\_\_\_\_ T-Shirt Size: (S, M, L, XL) \_\_\_\_\_

Telephone (\_\_\_\_)-\_\_\_\_-\_\_\_\_ E-Mail: \_\_\_\_\_

**Welcome Packet** will be e-mailed – **NO SCHOOL EMAILS**--check inbox & spam

School Name: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Post # \_\_\_\_\_ District \_\_\_\_\_

Post/Organization Contact Person: \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_-\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

Have you applied for Youth Camp before?  YES  NO Have you applied in the past but was never accepted?  YES  NO  
Are you a certified lifeguard?  YES  NO, If yes, please attach a photocopy of your current certification with application.

## PARENT / GUARDIAN RELEASE and PERMISSION to PHOTOGRAPH, VIDEO TAPE AND OR INTERVIEWED

In consideration of instruction and training to be given to \_\_\_\_\_ (son/daughter) as a cadet of the Elmer Hafer-American Legion-State Police-National Guard Youth Camp to be held June 9-15, 2024, at Messiah University, Mechanicsburg, Pennsylvania. I hereby give consent for him/her to participate fully in all planned activities, as well as participate in any field trip, which might be scheduled as part of the program.

We release and discharge the Elmer Hafer-American Legion-State Police-National Guard Youth Camp, its officers, staff and counselors from any and all claims, demands, damages, suits, actions, or causes of action which we may, can or shall have by \_\_\_\_\_ (son/daughter) while in attendance at the Elmer Hafer-American Legion-State Police-National Guard Youth Camp no matter how caused or occasioned.

It is further understood that the program is physically and mentally challenging requiring that said son/daughter be physically fit, in good academic standing, does not require individual or special attention, and that he/she will participate in **ALL** phases of the program.

I give permission  I do not give permission for \_\_\_\_\_ to be photographed, video taped and or interviewed during participation in the Elmer Hafer-American Legion-State Police-National Guard Youth Camp Program June 9-15, 2024. I understand the photos, video tape and or interview will be used by the Pennsylvania American Legion to promote the program in future years.

I give permission  I do not give permission for \_\_\_\_\_ being 17 years of age to be contacted by a National Guard Recruiter in their area.

➤ **A RECENT LEGIBLE PHOTOGRAPH OF THE APPLICANT MUST BE ATTACHED TO THE APPLICATION.**

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

\_\_\_\_\_  
Date

# MEDICAL FORM- to be completed by Parent/Guardian & Physician

Applicants Name: \_\_\_\_\_  
Last First MI  
Address: \_\_\_\_\_  
Street City State Zip Code

Medicine: **Parent or Guardian please initial all that apply** My child may receive, if needed:

\_\_\_\_ Tylenol    \_\_\_\_ Tums    \_\_\_\_ Advil    \_\_\_\_ Triple Antibiotic Ointment    \_\_\_\_ Caladryl    \_\_\_\_ Benadryl

Does applicant take medicine daily or have special care?     No     Yes

If yes, please explain and list all prescription drugs: \_\_\_\_\_

\_\_\_\_\_

Is there any health related information that the staff should be aware of? \_\_\_\_\_

\_\_\_\_\_

## PHYSICIAN'S EVALUATION AND EMERGENCY MEDICAL INFORMATION

**IMMUNIZATIONS:** The last year shots were administered

Tetanus \_\_\_\_\_ Diphtheria \_\_\_\_\_ Polio \_\_\_\_\_ MMR \_\_\_\_\_ Pertussis \_\_\_\_\_

Allergy to a medicine     Allergy to a food     Allergy to a plant     Allergy to insect bites     Epilepsy     Lung condition

Hepatitis     High Blood Pressure     Asthma     Convulsions     Heart condition     Diabetes     Fainting Spells

Bleeding Disorders     Hypertension     Other

Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Approved for participation in:     Water activities     Competitive sports     other activities     Rigorous exercise

Specify exceptions: \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Physician)

➤ **PLEASE ATTACH A PHOTOCOPY OF CADET'S CURRENT HEALTH INSURANCE CARD & PHOTO OF CADET.**

**The Medical Form must be completed, signed, & dated by a physician, and returned NO EARLIER THAN SEPTEMBER 1ST OF THE CURRENT YEAR. If the form is not returned within the specified period, your child may not be accepted.**

## EMERGENCY NOTIFICATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Email (different from student's) \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENTAL CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES:

This will certify that we (I), the undersigned parent(s) or guardian(s) of \_\_\_\_\_ do, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services.

This will further certify that we (I), the undersigned, do hereby release and discharge the Elmer Hafer-American Legion-State Police-National Guard Youth Camp, its officers, agents, instructors and employees from any and all claims, demands, damages, suits, actions which we (I) may, can or shall have by reason of any illness, injury or accident incurred or suffered by said son/daughter while traveling to, attendance at, or participation in the Elmer Hafer-American Legion-State Police-National Guard Youth Camp from the time of his/hers departure from home until his/hers return thereto.

\_\_\_\_\_  
Print name of Father or Guardian

\_\_\_\_\_  
Print name of Mother or Guardian

\_\_\_\_\_  
Signature of Father or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother or Guardian

\_\_\_\_\_  
Date

Alternate Contact Person: \_\_\_\_\_  
Name

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_-\_\_\_\_

### REMINDER

**The Emergency Notification form must be signed by the father, mother or guardian(s), and attached to the Medical form.**

**There are times when a medical emergency may occur and medical service is required or prescriptions need to be filled, to speed the process along. Please attach a legible photo copy of all health/prescriptions cards to the rear of this form.**

- **As a requirement for your child to be accepted into the program all the forms MUST BE FILLED OUT COMPLETELY and returned with the required attachments.**
- **No application will be processed without the appropriate fee or medical form**
- **For more information, please call The Department of Pennsylvania American Legion, (717) 730-9100**