



EST. 2000

*Application Packet*  
*2017*

***[www.somersetcampcadet.org](http://www.somersetcampcadet.org)***

SOMERSET COUNTY  
CAMP CADET ASSOCIATION

142 Sagamore Street  
Somerset, PA 15501

814-471-6530

[www.somersetcampcadet.org](http://www.somersetcampcadet.org)

**ELIGIBILITY CRITERIA FOR CAMP CADET**

1. All youth, ages 13 - 15, who reside within Somerset County.
2. All youth who have an interest in police work or a related area, but not exclusive of other areas of interest.
3. All youth who are willing to participate in a variety of physical fitness activities as well as learn and abide by military discipline. **\*\* NOTE - in order to graduate from camp, the youth must complete CPR training, a two-mile run and recite Call of Honor....(nobody graduates without reciting it from memory).**
4. A RECENT PHOTOGRAPH OF THE APPLICANT MUST BE ATTACHED TO THE APPLICATION.
5. Applications must be **completed and returned by April 15, 2017**. Any application not completed in full or received after this deadline **will not** be considered.

Camp Cadet is scheduled from Sunday, July 23 through July 29, 2017. Camp Cadet will be held at Outdoor Odyssey, 450 Boy Scout Road, Boswell, PA 15531.

Final selection of the Camp Cadet applicants will be made by the Somerset County Camp Cadet Association Selection Committee. Youth will be notified of their acceptance or rejection to camp.

**CAMP CADET APPLICATION**

CADET'S NAME \_\_\_\_\_  
(Last) (First) (M.I.)

ADDRESS \_\_\_\_\_  
(Address) (City) (State) (Zip)

DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_ Grade for fall semester \_\_\_\_\_

GUIDANCE COUNSELOR \_\_\_\_\_ PHONE \_\_\_\_\_

HAVE YOU APPLIED FOR CAMP CADET BEFORE? YES  NO

I hereby grant permission for the Camp Cadet EMT or Instructors to administer Advil, Tylenol and Benadryl (or generic equivalents) as may be needed by a cadet. List all pre-existing medical conditions including physical, behavioral and emotional problems including any lingering effects from falls, knee and back injuries.

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

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

(In cases where both parents work, list both work numbers.)

RELATIVE TO NOTIFY IN CASE OF AN EMERGENCY (If parent cannot be reached):

NAME \_\_\_\_\_ Relationship to camper \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby waive and release any and all rights and claims for damages I may have against any and all individuals associated with Camp Cadet, the PA State Police, the Somerset County Camp Cadet Association, Outdoor Odyssey, the county of Somerset, the township of Jenner, and the state of Pennsylvania while my child attends Camp Cadet during the designated dates and times for any and all injuries suffered by him/her at said camp. I attest and verify that my child is physically fit and able to attend camp.

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

T-SHIRT SIZE Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult X-Large \_\_\_\_\_

SHORTS SIZE Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult X-Large \_\_\_\_\_

**ITEM # 1**

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA STATE POLICE

***PENNSYLVANIA STATE POLICE FACILITIES WAIVER OF CLAIMS***

I fully understand and agree that the use of the facilities under the control of the Pennsylvania State Police is entirely at my own risk and that I assume full responsibility and liability for any damage or injury, real or personal, to myself and/or my possessions sustained while engaged in activities when using said facility.

I hereby waive any claim against the state of Pennsylvania, the PA State Police, and/or its insurance carrier of any damage or injury, real or personal, sustained while engaged in activities while using said facilities.

I hereby waive any claim against Outdoor Odyssey, its Director, and/or any member of the staff, and/or its insurance carrier for any damage or injury, real or personal, sustained while engaged in activities using said facilities.

I also assume full responsibility and liability for any damage incurred to the property of Outdoor Odyssey and/or the PA State Police attributable to my activities while using said facilities.

Name of Applicant \_\_\_\_\_

Signature of Custodial Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

**ITEM # 2**

***OUTDOOR ODYSSEY, 450 BOY SCOUT ROAD, BOSWELL, PA  
HOLD HARMLESS AGREEMENT***

I, \_\_\_\_\_, agree to protect, indemnify, save and keep harmless Outdoor Odyssey, its Director and any member of its staff, against and from any and all loss, cost damage or expense arising out of or from any accident or other occurrence on or about said premises, causing injury to any person or property whomsoever and whatsoever and will protect, indemnify, save, and keep harmless the abovementioned parties from any and all claims, costs, or expenses arising out of any use of the facilities of Outdoor Odyssey.

Participant's Signature \_\_\_\_\_

Custodial Parent or Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**ITEM #3**

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA STATE POLICE

***PARENTAL PERMISSION AND RESPONSIBILITY***

I understand that the PA State Police Camp Cadet Selection Committee may accept my son/daughter to attend camp on the basis that I\WE have agreed to assume all risks arising from participation in said camp. I, the Custodial Parent/Legal Guardian of \_\_\_\_\_, consent to his\her participation in this program and assume all risks and claims of damage of any nature or kind which my son\daughter could receive by reason of accident or injury while attending said camp. The camp nurse, physician, and\or local hospital has my permission to treat the above child in the even of an emergency.

I am interested in the policies, regulations, and aims of the activities of the PA State Police Camp Cadet Program. I will talk with my son\daughter prior to the camp and encourage him\her to take part in all activities and to cooperate with the camp staff and guest speakers. In the event that hikes, field trips, or other activities are planned away from the camp area, my son\ daughter has permission to take part in such field trips.

I also understand that if my son\daughter's behavior violates any of the camp rules or intimidates any other camper, the camp counselors reserve the right to dismiss the camper from the camp. Transportation to and from camp is the responsibility of the parent\guardian(s).

In the event of an emergency, I, the parent\guardian, of the above mentioned camper can be reached at:

Custodial Parent or Legal Guardian's Name (**PRINT**) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Custodial Parent or Legal Guardian's (**SIGNATURE**) \_\_\_\_\_

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

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA STATE POLICE

CAMP CADET RULES

1. Alcoholic beverages and narcotics are not permitted on the grounds. Automatic dismissal from the program will result in the event of possession or use of either.
2. Smoking or use of tobacco in any form is prohibited.
3. Abuse of camp property or equipment shall be sufficient cause for immediate dismissal from the program. All damages incurred, other than normal use or wear, shall be paid in full by the person who is responsible and will result in automatic dismissal from camp.
4. Theft of property will result in dismissal from camp.
5. Each cadet is responsible for cleaning his immediate area in and around his room. Counselors will make a check each morning.
6. There will be no touching or handling of any equipment that any visitor may bring to the camp unless directed to do so by the visitor.
7. Do not get near any running helicopter or any other such equipment.
8. First aid - anyone receiving an injury should report it immediately to a counselor.
9. Personal hygiene - showers must be taken daily. Counselors will enforce this rule with regard to cleanliness.
10. Doctrine and behavior - this is a semi-military type camp.
  - a. All counselors will be called "SIR" or "MA'AM" or "MR./MRS. SMITH" for example. All visitors will receive the same courtesy. If any question is asked of you, you will answer, for example, "YES, MA'AM", "NO, SIR", etc. Failure to do so will result in extra physical training.
  - b. There will be no derogatory remarks made toward any counselor, visitor, or person that comes on to the grounds of the camp.
  - c. No profanity will be allowed or tolerated.
11. Any problems of a serious nature should be reported to the camp counselor.

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*Cadets,*

*The following is a list of items you will need for camp. Please insure that you have all of the items prior to reporting to camp.*

7 pairs of underwear - enough for daily change	soap and shampoo
7 plain white high collar short sleeve t-shirts	toothbrush and toothpaste
7 pairs of white ankle-type socks	2 towels and washcloths
6 pairs of dark black shorts – no frayed edges, no markings / stripes, elastic band with tie, slip on	comb / brush
2 pair of running shoes	laundry bag
deodorant	
plain gray sweat shirt/sweat pants (sweatshirt does not have to be marked with name)	1 pair of shower shoes
pajamas (optional)	1 safety razor/shaving cream for females
1 book bag that can be carried over the shoulder	

*Note: All clothing & items should be plainly marked with cadet's initials on tag. DO NOT BRING ANY EXTRA ITEMS, such as books, watches, radios, TV, cameras, ipods, money, or tobacco of any kind. Any extra items will be sent home. Any illegal items will be confiscated and will result in prosecution.*

*All personal items will be inspected at check-in. We reserve the right to take any items, which we deem to be dangerous and hold same until the end of camp. Any cadet who fails to follow the rules and regulations of the camp will be expelled.*

*Any medications that will be required during the week should be placed in a baggie and each medication marked with the cadet's name on it.*