

Michigan Law Enforcement Youth Training Council

32nd Annual

2011 Fort Custer, Battle Creek, MI

ACADEMY YOUTH REGISTRATION INFORMATION

Academy Dates: June 45th through July 1st 2011

Opening Ceremony: Friday June 24th, 2011 @ 1700 hours

Cost: \$170.00 Per Explorer

\$60.00 Per Adult

Post Registration: \$25.00

Late Post Registration: \$100.00

Registrations are due by **June 1, 2011**

If you have any questions on problems with your registration please feel free to contact Officer Amber Cole at (810) 955-6428.

MAIL COMPLETED PACKETS TO:

Amber Cole

4460 Bristolwood

Flint, MI 48507

Packets can also be scanned and emailed to Amber at amboco35@yahoo.com.

Opening ceremonies will be at 1700 hours on Friday June 24, 2011 and Graduation will be at 1100 hours on Friday July 1, 2011.

**ADVISORS PLEASE READ THE FOLLOWING PAGES
FOR INFORMATION NEED FOR REGISTRAION.**

Dear Advisors,

Please make copies of all the necessary forms for distribution to your Explorers and Advisors. I have enclosed one full registration package for youths and adults. It is very important that every person attending the academy has the **proper** paperwork. **All paperwork must be complete and turned in with pre-registration as well as \$80.00 deposit per explorer attending. If your registration package is received after June 1, 2011 the post registration will be \$100.00.** Only one check will be accepted per post for pre-registration and one at registration. Money orders, Certified checks, Department checks, and post checks will be accepted. Please remember that this deposit is not refundable, but transferable within the unit for another Explorer.

CRITERIA FOR YOUTH ATTENDING THE ACADEMY:

- *Must be 14 to 20 years of age.
- *Must be a registered member and in good standing of a law enforcement Explorer Post.
- *Each post must be able to show proof of charter with B.S.A. if necessary.

Youth must be in good physical and mental condition and must not have suffered any recent injury (ie. broken bones, operations, physical sickness or behavioral problems). All student medical forms must be turned in with your pre-registration, and will be checked by the academy staff. Any students with questionable conditions may be **required** to submit a letter from the family physician, assuring their fitness. Our medical staff will also check in students at the time of registration.

Any explorers sent home after the opening ceremony for any reason would **not** receive a refund. Any youth sent home will be responsible for their own expenses and must be picked-up by a parent or guardian, at their expense.

All Explorers attending the academy must go through a basic firearm safety course prior to arriving at the academy. This course should include basic safety rules, and a live fire session if possible. It is no longer necessary to bring ammunition to the academy. We will provide all necessary ammunition.

Students must have participated in a minimum of 70% of the entire academy program in order to graduate. Those not achieving this 70% mark will receive only a certificate of attendance.

REGISTRATION: Will begin at noon on Friday, June 24th and end at 1600 hours, remember advisors that the academy kitchen will not be open for business until Saturday. **Please feed your explorers dinner before opening ceremony.**

MERTORIOUS SERVICE AWARD NOMINATIONS:

This award has been created by the M.L.E.Y.A.C., in order to recognize the outstanding effort of Academy Staff and Youth Attendees of the Michigan Law Enforcement community. The award has been presented only a half dozen times. Award presentation is a plaque recognizing the achievements, a unique ribbon for display on the uniform and attendance to the Academy at no cost. To qualify the applicant must met the following:

- *Must be a member in good standing of his/her unit.
- *The deed must have been of a significantly outstanding nature, (i.e., life saving, outstanding service to their or another law enforcement agency or participation in the apprehension or assisting in the solution of a crime).

EXTENSIVE SERVICE OR TRAINING TIME DOES NOT IN AND OF ITSELF QUALIFY A PERSON FOR THE RECEIPT OF THIS AWARD.

- *The effort must be documented by the applicant's department head attesting to the applicant's deeds should be included.
- *Unit advisor should submit nominations to Sgt Joe Platzer of the Port Huron Police Department.

MLEYTA SCHOLARSHIPS:

The Michigan Law Enforcement Youth Advisory Committee is offering scholarship(s) to assist those with financial burdens that would prevent attending our Academy. To qualify for the scholarship you must submit the following:

- A 500 word essay stating why you feel you are eligible for the scholarship. Include your participation in post activities, community service, financial burdens, etc.
- Most recent high school report card or college transcript
- An application that can be obtained from our website beginning May 1th, 2011 (website: www.mleyac.org). This application must be filled out completely and legibly and signed by your post advisor.

Submit your completed application, letter and copy of your report card/transcript to your post advisor. Your post advisor must submit, by mail, the application, letter and transcript/report card to Amber Cole at the address on the first page of this packet.

Applications and letters must be RECEIVED by the committee NO LATER than May 15th, 2011. Grammar, spelling, content and financial needs will be some of the things considered when making our decision. The decision of the Committee will be final. The winner(s) will be notified through their post advisor by US mail and email. The winner(s) will have their \$170.00 registration fee for the 2011 Academy paid for by the Michigan Law Enforcement Youth Advisory Committee.

PRE-ACADEMY TRAINING:

Physical agility is an important part of the academy. Total platoon teamwork depends a great deal on physical agility. Prepare your youth with push-ups, sit-ups, leg and arm rolls and jumping jacks. Encourage your youth to do some running each day. A physical training program will not only prepare them for Academy but also condition them for a law enforcement career. **PROPER RUNNING SHOES ARE VERY IMPORTANT.**

Firearms familiarity is a MUST for youth who intent to participate in the Academy range program. Please advise Headquarters during registration if students in your unit have never handled or shot a firearm.

FIRST PLATOON REQUIREMENTS:

If any of your explorers are attending as a third year or more and are going to be in First Platoon remember that they are required to have at least one pair of camouflage BDU's. It is recommended to have two or more pairs because the platoon wears these every day. They are also required to have a gun belt, handcuffs, and boots.

REGISTRATION CHECK LIST:

Before mailing registration, please have the following items ready and **complete** for each Explorer. **Deadline June 1, 2011.**

1. List of Explorers attending (explorer unit registration).
2. **Health and medical records must have all of the dates and medicines listed, plus photo copy of medical insurance card(s).**
3. Power of attorney
4. Release of camper's form

5. A certified check, money order, Department check, or post check made payable to MLEYAC. The amount should include
\$85.00 per explorer attending. \$25.00 for your post registration and
\$30.00 per adult. Remember that if the registration is late you will be charged an
extra \$100.00.
6. The deposit is needed with the registration and is NON-REFUNDABLE. Remaining
balance is due at time of registration at Academy. A confirmation will be emailed to the
advisor as to the total number attending and balance due.
7. No shows forfeit the deposit. It can be transferred to another explorer attending.

PLEASE NOTE: If any of your Explorers have special dietary needs please contact us as
soon as possible. Diet requests are not guaranteed.

**MICHIGAN LAW ENFORCEMENT YOUTH
TRAINING ACADEMY
UNIT & INDIVIDUAL REGISTRATION FORMS**

ADVISOR: Please clearly type or print all portions of this form except those designated "office use". Please have the names printed the way the youth would like it printed on their graduation certificate.

EXPLORER UNIT REGISTRATION

The column marked YA indicates the number of year attending this academy. For example if your student is attending for the first time. This column would have a one (1) in it. Enter all attending explorers in the chart below. The column with S/S in it is for your shirt size.

POST NAME: _____ POST #: _____

NAME	D.O.B	SEX	S/S	YA	OFFICE USE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

ADVISOR'S CERTIFICATION: I certify that all information contained herein is true to the best of my knowledge and that all youth listed above, have received FIREARMS FAMILIARIZATION and have reached the age of 14 years as of June 9, 2011.

Advisor Name (Printed) _____ Phone #: _____

Advisor's Email Address to confirm Registration: _____

ADVISOR'S SIGNATURE

DATE

HEALTH AND MEDICAL RECORD YOUTH

Every explorer must fill out this form completely, even if they have attended in the past.

Last Name:			First Name			# of Year attending		
Address:			City		State		Zip code	
Gender	DOB	Age	T - Shirt Size	Home Phone ()				
Post Advisor			Post Name			Post #:		

In case of emergency, Notify:

Name			Relationship					
Address			City		State		Zip Code	
Home Phone ()			Work Phone ()					
Cell Phone ()			Pager Phone ()					

Indicate any of the following, which you have had or currently have...

YES	NO		YES	NO	
		Sinus trouble			Rheumatic fever
		Kidney disease			Epilepsy
		Severe stomach pain			Asthma
		Earache / ear infection			Diabetes
		Heart trouble			Frequent diarrhea
		Tuberculosis			Hay fever
		Stinging insect reactions			Menstrual problems
		Fainting spells			Allergies (if yes, see next page)
YES	NO				
		Do you tire easy?			
		Have you had more than a brief minor illness or injury in the last year?			
		Do you have shortness of breath?			
		Do you have any condition now requiring regular medication or treatment?			
		Have you had any operations or serious injuries? Specify Date and condition(s).			
		Do you have any restrictions of activity for medical reasons?			
		Are you currently taking any medication prescribed by a doctor? (if yes, see next page)			
		Are there behavior considerations, which need to be considered?			
		Are there any special health considerations?			
		Do you have any special dietary needs (if yes, see next page)?			

Please provide immunization record and date of last inoculation. To the best of your knowledge if records are not available.

Smallpox		Diphtheria		Whooping Cough	
Tetanus		Typhoid		Poliomyelitis	
Mumps		Measles		Rubella	
Chickenpox		Hep B		Other	

Please provide additional information for any question(s) answered yes:

**YOUTH MEDICAL RECORD
CONTINUED**

Please list **ALL** medications that you are currently taking. **Bring all medication in the prescribed bottle with the directions.** If they are not in the original bottle they will not be able to be accepted. If you need more room please use the back of this page. **Do not bring over-the-counter medications such as Tylenol, Advil, Motrin, Sudafed, etc.** These are provided by the infirmary.

1. _____
2. _____
3. _____
4. _____
5. _____

*******ALL MEDICATION WILL BE TURNED IN TO THE MEDICAL STAFF
DURING THE MEDICAL SCREENING*******

Please list all allergies or reactions to any medications, be specify:

List any special diet requests, diet request are not guaranteed:

TO BE COMPLETED BY A LICENSED PHYSICIAN

I certify that I have examined _____ on _____
NAME DATE

and find him/her physically fit to participate in all scouting activities except as noted below. The aforementioned individual has had all the required immunization current as required by the State of Michigan.

*******EVERY STUDENT ATTENDING THE ACADEMY MUST HAVE A SIGNED
PHYSICAL FORM*******

Recommendations and/or restrictions:

Signature _____
Physician licensed to practice medicine

D.E.A. Number _____
(only if narcotics are prescribed)

*The BSA requires a physical within 3 years prior to attending camp. The academy will not keep the records of physical from year to year.

**EMERGENCY ROOM TREATMENT PERMIT
LIMITED POWER OF ATTORNEY**

This form must be completed for all students irrespective of their age. Please print clearly and complete all portions of this form.

STUDENT NAME: _____
(LAST) (FIRST) (M.I.)

NAME OF PERSON
GIVEN CONSENT: _____
(LAST) (FIRST) (M.I.)

INSURANCE COVERING STUDENT: _____
(Include a copy of all Insurance cards) (COMPANY) (POLICY#)

SS# _____

The undersigned does hereby grant and empower the individuals listed below (names of two adults responsible for the care of your child in your absence),

1. Jeff Stevens or Carrie Stevens 2. _____
(Academy Medical Director) (Local Explorer Post Advisor)

Or in the event that neither of these individuals are available, I hereby grant the following individuals,

- Battle Creek Health System Emergency Room Physician
 Battle Creek Health System Emergency Room Nurse

This LIMITED POWER OF ATTORNEY to act for me and give the required consent and authorizations for the delivery of medical care, diagnoses and treatment, including surgery if necessary, in behalf of my minor child(ren) listed above for a period of time during my absence from June 24th, 2011 to July 1st, 2011 (not to exceed six months) and to do all other necessary things that I might or could do if personally present.

This LIMITED POWER OF ATTORNEY is given pursuant to the provisions of P.A. 1978,642, sec 405 of the Probate Code and said POWER OF ATTORNEY is not to exceed six months.

(Signature of witness or notary)

(Signature of person consenting)

Treatment Facility:

(Relationship to child/ren)

Battle Creek Health System
300 North Avenue
Battle Creek, MI 49017
(269) 966-8111

(Date signed)

RELEASE OF CAMPERS FORM

Last Name		Last Name	
Address		City	
Home Phone	()	Cell Phone	()
Work Phone	()		

Authorization is granted for the release of the aforementioned individual to employees, staff, volunteers and camp staff of the MLEYTA. In addition, only those individuals listed below are authorized to remove the aforementioned individual from the MLEYTA during their period of camping. *

Name		Relationship		Phone #	()
Name		Relationship		Phone #	()
Name		Relationship		Phone #	()

Please note list spouse above if both parents have not signed authorization below.

The following authorization is required by the Michigan Department of Social Services pursuant the P.A. 116 of 1973 and administrative rule 127. (1).

The health history contained herein is correct so far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me. In the event I cannot be reached in an emergency, I hereby give permission to the medical or surgical treatment, routine, nonsurgical medical care, hospitalize, secure proper anesthesia, or to order injection (s) for my child. The person herein described is in good health, has all required immunization current and I assume the health responsibility for the individual.

*Date _____ Signature _____ valid for 1 year
Parent or guardian

*Date _____ Signature _____ valid for 1 year
Parent or guardian

*Date _____ Signature _____ valid for 1 year
Parent or guardian

Dear Parent:

This letter is to inform you of the physical training and health care services at the MLEYTA which your child wishes to attend.

The requirements of the academy closely parallel those of a regular police academy or military “boot camp”. The days consist of morning calisthenics and running there is marching to and from classes, marching drills and evening running. The running and marching is conducted on concrete and asphalt roadways. If your child is not a custom to a regular exercise program, the academy program may come as a shock to their mind and especially their bodies. It is important that your child prepare themselves both mentally and physically for the rigors of the academy. Their physical conditioning should include warm-up exercise that targets the legs and abdomen.

If your child has a pre-existing injury, especially of the bone and /or muscle. It is extremely important that a physician examine them. The physician must be informed of the physical training conducted at the Academy. If your child has a medical condition such as asthma or diabetes, they must be educated in regards to the effects that rigorous physical activity has on their condition. Many of the best long distance runners in the USA are asthmatics who have learned to cope.

If your child does attend, and has prescription medications it is extremely important that they be LEFT IN THE ORIGINAL BOTTLE so that the staff of the academy infirmary can read the prescription as the physician wrote it. Proper dosage and frequency of the medication administration is extremely important to your child’s health. The infirmary does provide the following over the counter medication for the youth so please do NOT send the following with your child:

- Acetaminophen (Tylenol) liquid and tablets**
- Ibuprofen (Motrin) liquid and tablets**
- Pseudoephedrine (Sudafed) tablets**
- Dyphenhydramine (Benadryl) liquid and tablets**
- Naproxin Sodium (Naprosyn) tablets**
- Instant Glucose**
- Aspirin**
- Pepto-bismol liquid and tablets**
- Throat lozenges**

If your child does require a specific over the counter medication not on this list, please leave it in the original packaging and send an explanation from the child’s physician as to the reason the child is taking it.

Your child will be doing a great deal of running and marching, it is very important that they have proper footwear. The footwear they choose should provide good support in the ankle and arch. The shoe or boot should not be excessively worn. The laces should be in good repair and long enough to fit all eyelets. A short ankle boot or running shoe will provide both support in the arch and ankle, two areas which are very susceptible to injury.

Paramedics, EMTs, and Athletic Trainers with continuous accessibility to a licensed physician staff the Academy infirmary. Our medical directorship is from a licensed physician chosen by the Academy Medical Director. Any injury or illness that cannot be treated onsite is transported to the Battle Creek Health System Emergency Department.

It is our objective to provide the best possible health care to your child during their time at the academy. This care begins now, before your child even arrives. We pride ourselves on preventative health care.

MICHIGAN LAW ENFORCEMENT YOUTH TRAINING ACADEMY
EQUIPMENT LIST

Bathroom equipment:

1. Toilet articles and personal hygiene items
2. Towels and wash cloths (2 of each)
3. Shower thongs
4. **Any prescription medication in original bottle.**

Clothes:

1. Tee shirts, shorts, sweaters and sweat shirts (need a change of clothes each day)
2. Light jacket and heavy jacket
3. Swim suit and gym shorts
4. Rain poncho
5. Socks (heavy, and may need more than one pair per day)
6. Sweat suit (optional)
7. Gym shoes (2 pairs are suggested)
8. Camouflage BDU's (MUST FOR FIRST PLATOON)
9. Black boots (MUST FOR FIRST PLATOON)

NOTE: Shoes are used for running and marching. Fort Custer is comprised primarily of asphalt and sand, so footwear should be broken in and offer good support.

Uniform equipment:

1. Full Departmental uniform
2. Full gun belt, including handcuffs (MUST FOR FIRST PLATOON)

Miscellaneous equipment:

1. Clothes hangers for uniform
2. Suntan lotion and insect repellent
3. Notebook, paper, pens and pencils
4. Camera and extra film (marked with owners I.D.)
5. Address / autograph book
6. We recommend that youth not bring large amount of money. Any money over \$30.00 can be turned into HQ, where it will be marked with the youth's name and platoon number and locked up until needed. Do not keep large amounts of money in your barracks.
7. There will be a commissary available for purchase of various items such as shirts, jackets, snacks, soft drinks, pins, etc. The commissary will be open Wednesday, Thursday and Friday.

Please note that you will need enough clothes for at least eight days.

DO NOT BRING RADIOS, TELEVISIONS, TAPE PLAYERS, ELECTRONIC DEVICES OR FOOD. IF THE ABOVE IS FOUND IN YOUR BARRACKS, YOUR DRILL INSTRUCTORS WILL SECURE IT.