

York-Poquoson Sheriff's Office Citizen Academy for Youth

(SCA for Youth) PROGRAM RULES



1. Each participant must complete an application and submit it along with a signed "Emergency Authorization" and "Release from Civil Liability" and "Release of Information AUTHORIZATION" forms from participant's parent / guardian.
2. Be on time to class. If you are going to be more than 15 minutes late, please contact the Sheriff's Office front office at 757-890-3630.
3. Except for sickness or an emergency, participants should not be absent from any of the training sessions. Absence from more than 1 complete day of sessions (i.e. 1 morning and 1 afternoon; 2 mornings; or 2 afternoons) will prevent a participant from graduating.
4. Participants are expected to dress in appropriate attire. Khakis or Dress Slacks with a belt are needed for York County Courthouse Tour. (Please see attached "Student Dress Code").
5. Participants **shall not** be armed at any time during the Academy.
6. Participants shall act in a respectful and courteous manner to the instructors and each other. Profanity and disrespect towards any class participant, deputies, civilians, or instructors **will not** be tolerated.
7. Participants **shall not** take photos or videos during the class, either with cameras or cell phones. Photos will be taken during the class and students will be mailed a copy of the photos several weeks after the completion of the academy.
8. Cell phone use **will not** be allowed during the sessions. All cell phones will remain off during the time the program is in session.
9. Gang symbols, paraphernalia (such as bandanas, beads, etc.) **will not** be tolerated. Displaying gang signs or symbols will result in the student being asked to immediately leave the program.
10. The culmination of the week will be the Graduation Ceremony at 3:00 p.m. on the last day of the Academy followed by a reception. Parent/ Guardian(s), family and friends are highly encouraged to attend.

I, _____ certify that I understand the requirements of participating in this program.

Signature: _____ Date: _____

I would like my name to appear on my graduation certificate as follows (*please print*):

(First Name)

(Last Name)

I hereby authorize my child to attend this Sheriff's Office Citizen Academy for Youth. I understand that although at no time will my child be placed in any situations that create a danger to his/ her well being, he/ she will be placed in close proximity with law enforcement equipment, to include canines, police weapons, and vehicles. I further understand that these situations will be closely monitored by deputy sheriffs or other trained personnel.

Parent/ Guardian's Signature: _____

Date: _____