



# FBI National Academy Association Utah Chapter

Dear Applicant:

Thank you for your interest in the FBINAA Youth Leadership Program (YLP). This year's program will run June 20-28, 2012. Attached to this e-mail are the documents you will need to complete the application process. They include the following:

- 2012 Youth Leadership Program: Application
- 2012 Youth Leadership Program: Medical Information/Release Form
- 2012 Youth Leadership Program: Essay
- Waiver of Liability for Minors Under the Age of 18 (Marine Corps Base, Quantico, VA)

The packet must be completed, signed and turned in no later than end of business day, **March 1, 2012**. Packets received after that time will not be considered.

Please turn completed packets in to:

Melissa Adams  
C/O Federal Bureau of Investigations  
257 East 200 South #1200  
Salt Lake City UT 84111

If you have any questions or concerns feel free to contact me at 801-568-7207.

Sincerely,

Kevin Thacker  
FBINAA (Utah Chapter)

# FBI NATIONAL ACADEMY ASSOCIATES

## 2012 YOUTH LEADERSHIP PROGRAM

### APPLICATION

Name: \_\_\_\_\_ (M/F) \_\_\_\_\_ Age \_\_\_\_\_ (DOB) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Area Code (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Grade in the Fall of 2012: \_\_\_\_\_

Employment: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name(s) of Parent(s) or Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: Area Code (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Please list any Sports, School Clubs/Activities/Offices, Hobbies, and Special Interests/Talents


What do you expect to gain from attending the Youth Leadership Program?


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

Print Name: \_\_\_\_\_

ATTACH RECENT PHOTO HERE

January 2012 Parental Consent

I UNDERSTAND MY SON/DAUGHTER WILL BE ATTENDING THE YOUTH LEADERSHIP PROGRAM AND EXCEPT WHILE TRAVELING ON A COMMERCIAL AIRLINE OR CONVEYANCE, WILL BE UNDER THE CONSTANT SUPERVISION OF A MEMBER OF THE FBINAA, Inc. WITH THIS UNDERSTANDING I APPROVE OF HIS/HER PARTICIPATION IN THIS PROGRAM. I FURTHER CERTIFY THAT HE/SHE IS MEDICALLY AND PHYSICALLY FIT TO PARTICIPATE IN ALL PROGRAM REQUIREMENTS. I UNDERSTAND THAT SHOULD MY SON/DAUGHTER LEAVE THE PROGRAM PRIOR TO COMPLETION I AM RESPONSIBLE FOR COSTS INCURRED BY THE SPONSORING FBINAA CHAPTER AT THEIR DISCRETION.

Parental/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Emergency Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (IMMEDIATE RESPONSE)

Emergency Contact Name: \_\_\_\_\_

List any physical limitations or medical problems of the son/daughter that staff must be aware of:


**A Medical Release Form (YLP Form 04) will be required prior to acceptance to the program.**

\_\_\_\_\_  
(To be completed by Sponsoring FBINAA, Inc. Chapter)

Return Completed Application to:

President: \_\_\_\_\_

FBINAA Chapter: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FBINAA Chapter Submission Deadline: **April 15, 2012**

**Applications received after this date will not be accepted.**

# FBI NATIONAL ACADEMY ASSOCIATES

## 2012 YOUTH LEADERSHIP PROGRAM

### MEDICAL INFORMATION/RELEASE FORM

#### Required Information

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
FBINAA Sponsoring Chapter \_\_\_\_\_

**(PLEASE ANSWER ALL QUESTIONS. IF NOT APPLICABLE INDICATE AS SUCH.)**

List any impairment: mobility, sight, hearing or speech etc. If so would any special assistance be required?

List any medical problems emergency personnel should be aware of and **any medications** the student is presently taking:

List all allergies:

In the event that he/she should be unable to communicate with medical personnel, list specific information they would need to know about medical history and ailments:

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### EMERGENCY NOTIFICATIONS

In case of emergency, please notify the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In the event of any sudden illness or medical emergency occurring to my son/daughter, by my signature I expressly grant the FBI/FBINAA full authority to 1) release the above medical information to emergency or medical personnel and 2) perform any necessary medical emergency treatment to my son/daughter after reasonably diligent efforts to notify me have failed. **I will personally fill out the "File of Life" packet and I will instruct my son/daughter to carry it at all times while traveling to, from and at the program.**

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_, to-wit:

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010,

By \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires:

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### PHYSICIAN CERTIFICATION

I have read the Youth Leadership program syllabus and activity requirements. I have examined \_\_\_\_\_ and certify that he/she is physically fit to meet **ALL** of the activities including the 4.25 mile USMC Endurance/Stamina Course (Yellow Brick Road).

Physician Signature \_\_\_\_\_ DEA/ID # \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

**\*Return this form with the Registration Packet \***

# **FBI NATIONAL ACADEMY ASSOCIATES**

## **2012 YOUTH LEADERSHIP PROGRAM**

**ESSAY – “What is Leadership”**

(Use other side if necessary)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**WAIVER OF LIABILITY**  
**FOR MINORS UNDER THE AGE OF 18**  
**TRAINING aboard**  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

We hereby request that our child, \_\_\_\_\_, be permitted to take part in the [name of organization] \_\_\_\_\_, hereinafter the "Organization", sponsored activity to be held on Marine Corps Base (MCB), Quantico, Virginia. I understand that participation in this activity will involve access to Marine Corps training areas. I understand the following **four** cautions with regard to these MCB Quantico ranges and training areas: **first**, all such ranges and training areas are designed for and used by the Marine Corps for training its personnel in the deadly art of individual and unit combat; **second**, these ranges and training areas have been subject to countless live fire exercises and may well contain a variety of unexploded ordnance which, if triggered by or during my child's presence on the ranges/training areas, could result in serious bodily injury or death to my child; **third**, these ranges and training areas contain manmade or natural obstacles, some of which may be hidden, which could cause my child to stumble, fall, and otherwise suffer serious bodily injury or death; **fourth**, range and training area conditions are often aggravated by the weather such that extreme heat, humidity, cold, wind, or wet will increase the likelihood of physical danger and my child's exposure to serious bodily injury, sickness, accident or death. **Finally**, I understand that the activities may involve use of live ammunition and weapons by both instructors and students who have varying levels of proficiency in the use of weapons and tactics. **I further understand** that this activity may cause injuries associated with physical fitness training like muscle sprains or strains, tendon pulls, dislocation of joints, broken bones, and injuries accompanying physical contact with other participants, in addition to the inherent dangers associated with environmental conditions. **Observation of and/or participation in this activity are inherently dangerous and could result in property damage as well as serious bodily injury or death to my child and to others.**

Nonetheless, and in spite of my full knowledge of the risks involved in the Organization Sponsored Activity, I EXPRESSLY AND KNOWINGLY, FREELY AND VOLUNTARILY, ACCEPT AND ASSUME ALL RISKS INVOLVED IN AND ASSOCIATED WITH ALL ASPECTS OF THE ORGANIZATION SPONSORED ACTIVITY. I EXPRESSLY AND KNOWINGLY FREELY AND VOLUNTARILY WAIVE ANY AND ALL RIGHTS I/MY CHILD MAY HAVE TO RECOVER FOR ANY INJURY MY CHILD SUSTAINS, OR FOR THE DEATH OF MY CHILD, AND I AGREE TO HOLD HARMLESS THE UNITED STATES GOVERNMENT, THE DEPARTMENT OF DEFENSE, THE DEPARTMENT OF THE NAVY, THE UNITED STATES MARINE CORPS, THE MARINE CORPS COMBAT DEVELOPMENT COMMAND, AND MARINE CORPS BASE QUANTICO.

Therefore, in consideration of the privilege to participate in the Organization sponsored activity, to be held aboard MCB Quantico, I, the undersigned person, do hereby freely and voluntarily, and intending to be legally bound, accept all risks associated with the Organization activity, or any use I may make of MCB Quantico, or government equipment or facilities in furtherance of my child's participation in the Organization sponsored activity, and waive any and all rights to any claims or demands or any other actions whatsoever, including those attributable to negligence, for damages, due to accident, injury, or death, resulting from my child's participation in the Organization sponsored activity for myself, my spouse, my parents or guardians, my heirs, executors, administrators, or legal representatives of my estate, or anyone else on my behalf, which I may have against any of the following: the United States of America, the Department of Defense, the

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date



**WAIVER OF LIABILITY**  
**FOR MINORS UNDER THE AGE OF 18**  
**TRAINING aboard**  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

Department of the Navy, the United States Marine Corps, Marine Corps Combat Development Command, Marine Corps Base Quantico, or any and all individuals assigned to or employed by the United States, to include but be not limited to, the Secretary of the Navy, the Commandant of the Marine Corps, the Commanding General of the Marine Corps Combat Development Command, or the Commander of Marine Corps Base Quantico, in their official and personal capacities, or any medical personnel assigned thereto, or their representatives, successors, or assigns. I understand that the above language means I have abandoned any rights I may have, or any rights anyone associated with me may have, through legal or friendship or family ties, to sue the federal government for any injury my child may sustain because of participation in or attendance at the Organization sponsored activity that results in any damage whatsoever to my/my child's property or in the event of my child's death. By signing this document, I acknowledge that the federal government, or any agency or employee thereof, is not liable for any injury my child may sustain, to include death, as a result of my child's participation in the Organization sponsored activity. By signing this document, I effectively and completely assume all risk associated with the Organization sponsored activity. This document shall remain in effect and be held until notice of cancellation is received by the Commander, Marine Corps Base Quantico.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT I AM FULLY AWARE OF THE RISKS INVOLVED IN THIS ACTIVITY, AND THAT I VOLUNTARILY ACCEPT AND ASSUME THE RISKS ASSOCIATED WITH SUCH ACTIVITY.**

Lastly, I understand that should I decline to execute this Waiver of Liability, my child will not be permitted to participate in the Organization sponsored activity to be held aboard MCB Quantico.

\_\_\_\_\_  
Printed Name of Mother/Father/Legal Guardian (circle one)

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

\_\_\_\_\_  
Date

On behalf of:

\_\_\_\_\_  
Printed Name of Minor Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Point of Contact

\_\_\_\_\_  
Phone Number

Health Insurance Coverage. Please **initial** the appropriate box:

\_\_\_\_\_ **No, I do not** have health insurance    \_\_\_\_\_ **Yes, I do** have health insurance (continue below)

\_\_\_\_\_  
Name of Insurance Provider

\_\_\_\_\_  
Policy #