

The Sleepy Hollow Police Department in
conjunction with
The Tarrytown Police Department &
The Public Schools of the Tarrytowns
presents the:

2025 SH/TT Youth Leadership
Police Academy

Application

Applicants must be between the ages of 10-14. This camp is only for residents of Sleepy Hollow and Tarrytown. **A maximum of 30 cadets will be accepted into each session on a first come basis. Applications will be accepted beginning February 1, 2025. Submission due no later than May 01, 2025.** Email applications to the School Resource Officer, PO. Bencosme – Sbencosme@sleepyhollowny.org. or hand deliver to the Sleepy Hollow Police station located at 28 Beekman Avenue, Sleepy Hollow, NY 10591 (M - F 7:00 a.m.- 11:00 p.m.).

If hand delivering, please place the completed form in a sealed envelope addressed to:
Att: SRO. Bencosme
Youth Leadership Police Academy

[THIS CAMP COMES AT NO COST FOR PARTICIPANTS]



Select ONE Session (we are adding a 3rd session this year!):

Session 1: August 4-8, 2025: []

Session 2: August 11-15, 2025: []

Session 3: August 18-22, 2025: []

Classes will run from 9:00 a.m. to 3:00 p.m. daily.

Applicant Name: _____ Male: [] Female: [] Non-Binary: []

Date of Birth: _____ Current Age (as of 8/4/2025): _____

Home Address: _____

Home Phone: _____

School: _____ Grade (as of 9/2025): _____

Previous Youth Police Academy cadet? Yes [] No []

Parent/Guardian Information

Name: _____ Name: _____

Relationship _____ Relationship: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

E-mail: _____ E-mail _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

***PLEASE NOTE: APPLICANTS WILL NOT BE PERMITTED INTO THE PROGRAM UNLESS PARENTS HAVE ATTENDED THE ORIENTATION MEETING OR SPOKEN PERSONALLY WITH THE DIRECTORS.**

Emergency Contact Information

The following designated individuals may act on behalf of the parent/guardian in case of emergency where the parent/guardian cannot be reached. This information **must** be filled out prior to participating in any Youth Academy programs.

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Alternate Contact Number: _____

E-mail Address: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Alternate Contact Number: _____

E-mail Address: _____

EMERGENCY MEDICAL TREATMENT FORM

TO: EMERGENCY ROOM MEDICAL STAFF

My child, _____, has my permission to participate in the Village of Sleepy Hollow Youth Leadership Police Academy camp.

In the event of an illness or injury to my child while participating in this activity, I consent to X-ray examination, anesthesia, medical or surgical diagnostic treatment or procedures that are considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I also give my consent for the attending physician to prescribe and administer any necessary medication needed in the event of a medical emergency.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

FAMILY PHYSICIAN INFORMATION

Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

MEDICAL INSURANCE INFORMATION

Insurance Company Name: _____

Policy Number: _____ Exp. Date _____

MEDICAL INFORMATION

Please list all medical conditions, medications, and allergies that your child may have.

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Photo, Media, and Copyright Release

I grant the Village of Sleepy Hollow Recreation Department, the Village of Sleepy Hollow Police Department, The Village of Tarrytown Police Department, and the Public Schools of the Tarrytowns my permission to photograph, videotape, and/or audiotape my child during activities related to the Village of Sleepy Hollow Youth Leadership Police Academy camp.

These photographs/videos/audios will remain the property of the Village of Sleepy Hollow Youth Leadership Police Academy camp and may be used in advertising or marketing campaigns on Village of Sleepy Hollow Recreation Department, the Village of Sleepy Hollow Police Department, The Village of Tarrytown Police Department, and the Public Schools of the Tarrytowns websites, and for promotional and informational material including, but not limited to, flyers, brochures, newsletters, emails, advertisements, newspaper articles, TV or cable interviews/promotions. I understand my child will not be identified by name unless I give my express permission. I hereby waive and release on behalf of my child, any rights to compensation for, or ownership of, such images and/or sounds.

I have read and agree to the terms and conditions of this Photo, Media, and Copyright release:

YES, I will allow this. _____ (initials of parent/guardian)

NO, I do not want photos/videos/audio of my child to be utilized. _____
(initials of parent/guardian)

RELEASE OF LIABILITY FORM

I, _____ the undersigned parent/guardian
of _____, residing at

_____ do hereby give my child permission to attend Village of Sleepy Hollow Youth Leadership Police Academy camp and in consideration of allowing them to participate in the above named program I voluntarily and knowingly release and discharge the Youth Leadership Police Academy, the Village of Sleepy Hollow, the Village of Sleepy Hollow Police Department, the Village of Tarrytown, the Village of Tarrytown Police Department, the Public Schools of the Tarrytowns and all instructors and participants in this program as well as all others who may be liable from all claims, present and future, known or unknown, in any manner arising out of their participation in the Youth Leadership Police Academy program.

Participants will have the opportunity to run the agility course ('Cooper Test'), tour the Sleepy Hollow and Tarrytown Police Department, tour the Westchester County Police Academy, and will be viewing demonstrations from the Canine Unit, Marine unit, Crime Scene Unit, SWAT team, Bomb Squad, and firearms unit.

This hold harmless agreement is a testament to my understanding of the above, evidenced by my signature.

Parent/Guardian's Signature Date

UNIFORM ORDER FORM

To ensure that your cadet's uniforms are received in time for the start of the session, please return the completed form with the application by June 15, 2025.

The forms may be emailed to the School Resource Officer, PO. Bencosme – Sbencosme@sleepyhollowny.org. or hand delivered to the Sleepy Hollow Police station located at 28 Beekman Avenue, Sleepy Hollow, NY 10591 (M - F 7:00 a.m.- 11:00 p.m.).

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Att: SRO. Bencosme

Youth Leadership Police Academy.

Applicant Name: _____

Home Address: _____

Home Phone: _____

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SHIRT SIZE (circle one)

Adult Small

Adult Medium

Adult Large

NOTE: Cadets will be required to wear dark-colored (black or navy blue) support style athletic sneakers at ALL times AND will be required to wear dark-colored (black or navy blue) athletic shorts. Sneakers without laces or open backs (slip on style) are not permitted.

Comments, Questions, or Concerns?

Contacts:

- The Village of Sleepy Hollow Police Department
 - Chief of Police - Anthony Bueti
 - abueti@sleepyhollowny.org
 - 914-631-0800
 - PO. Steven Bencosme – School Resource Officer
 - Sbencosme@sleepyhollowny.org
 - 914-631-0800

- The Public Schools of the Tarrytowns
 - Superintendent of Schools – Dr. Raymond Sanchez
 - Rsanchez@tufsd.org