



HOOPS and BADGES Skills C.A.M.P.

Coaching, Advocating, Mentoring with Police

Application Packet

The Norman Police Hoops and Badges Skills C.A.M.P. in partnership with the Young Family Athletic Center (YFAC) is accepting applications from students entering the 6th, 7th & 8th grade. The purpose of Hoops and Badges Skills C.A.M.P. is to foster relationships that will bridge the gaps between law enforcement and youth while also exposing them to mentors, athletics and concepts of teamwork and accountability. The goal of the program is to motivate young people to be outstanding citizens and to empower them to act as a positive influence in our community. The 2-day experience blends various basketball skills, and fitness, while providing young people to interaction with police, and numerous community partners.

Hoops and Badges Skills C.A.M.P. meets Monday and Tuesday from 9:00 a.m. to 12:00 p.m. Students will be expected to be on time each day and should be picked up no later than 12:15 p.m. There is no cost to attend. Students may bring snack each day.

There are a limited number of openings. To be considered, all forms must be complete and include signed releases and waivers, and a short answer to the question. Priority is given to applicants residing within the City of Norman.

Summer 2024:

Hoops and Badges Skills C.A.M.P

August 12 – 13

(9:00 a.m. – 12:00 p.m. each day)

The deadline for the application is August 2, 2024.

Packet Contents

Application

Medical Release Forms

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Question

Completed application packets can be returned to the Norman Police Department School Resource Section c/o Officer Ali Jaffery, 112 West Daws Street, Norman, OK 73069 or emailed to ali.jaffery@normanok.gov

For more information contact Lt. Ali Jaffery at 405.366.5279 or ali.jaffery@normanok.gov



HOOPS and BADGES Skills C.A.M.P.

Please Print

Name: _____
Last First MI

Address: _____
(Street/City/ Zip)

Phone: _____ Email: _____

Grade for 2024/2025 School Year: (circle one) 6 7 8

School: _____ City: _____

Shirt Size: (circle one) **Adult** S M L XL XXL

(Please ensure the given size is in adult clothing)

Parent or Guardian Name: _____

Phone: _____ Second Phone: _____

Email: _____

Emergency Contact Name: _____

Phone: _____ Second Phone: _____

In consideration of the benefits that my child will receive from his/her participation in the Norman Police Department's **HOOPS and BADGES Skills C.A.M.P.** sponsored by the Norman Police Department, I do hereby release the City of Norman, its police officers, public officials, agents and employees of any and all liability, claims, demands, actions, and causes of action which I may hereafter have on account of any and all injuries and damages to my child or to my property arising out of or related to any happening or occurrence while my child is participating in the academy. I attest my child is physically fit and able to attend the **HOOPS and BADGES Skills C.A.M.P.** I give permission to the Norman Police Department to use or release any media (photographs, video, etc.) involving my child while participating in the **HOOPS and BADGES Skills C.A.M.P.** I understand that this media may be released to local newspapers, television stations, and/or included on Norman Police Department official websites and other promotional material for the Norman Police Department.

Signature of Parent or Guardian

Date



HOOPS and BADGES Skills C.A.M.P.

Medical Release Form

I, _____ (parent or guardian's name) hereby give permission for any and all medical attention to be administered to my child _____ (child's name) in the event of an accident, injury, sickness, etc., under the direction of the Norman Police Department, until such time as I may be contacted. I also assume responsibility for the payment of any such treatment. This release is effective for the period of the Norman Police Department's **HOOPS and BADGES Skills C.A.M.P.**

Address: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

As the parent or legal guardian of the above named minor, I hereby give my consent for emergency medical care prescribed by a dully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent.

Signature of Parent/Guardian

Date

Please list any medical conditions or allergies the applicant has:

Please list all medications regularly taken by the applicant:



HOOPS and BADGES Skills C.A.M.P.

Participation Guidelines

Applicant Name: _____

I agree to follow all directions given by **HOOPS and BADGES Skills C.A.M.P.** staff.

I understand I am required to be on time for all classes.

I agree to participate in all classes.

I will immediately report to the **HOOPS and BADGES Skills C.A.M.P.** staff if I become ill or injured.

I will conduct myself in a professional manner at all times in or out of class.

I will present a professional appearance while attending the **HOOPS and BADGES Skills C.A.M.P.**

Applicant Signature

Parent/Guardian Signature

Question:

Answer the following question: *(brief explanation and utilize additional sheet if space is needed for answer)*

Why do you want to attend the HOOPS and BADGES Skills C.A.M.P.?

