



Sheriff Nicholas Cocchi
Youth Leadership Academy
Summer Camp 2026
Program Form
Hampden County Sheriff's Office

Child's Name: _____

Weeks (Please select 1-6 weeks)

****Note ** - Acceptance into the Youth Leadership Academy will be on a first come, first served basis. Your child is not guaranteed acceptance or guaranteed all selected weeks. We will notify you of your child's acceptance upon receiving this registration form.**

Camp will be held daily during the following weeks at Brightwood Elementary School – 255 Plainfield Street, Springfield MA 01107. Camper Drop-off will be daily from 7:30am – 8:30 am and Camper Pick-up will be daily from 3:30pm – 5:00pm.

- Week 1: July 6- 10, 2026*
- Week 2: July 13-17, 2026*
- Week 3: July 20- 24, 2026*
- Week 4: July 27- July 31, 2026*
- Week 5: August 3- 7, 2026*

▶ _____
Parent/Guardian signature

Date



Registration

****Please note that all information is kept confidential****

Child's Name: _____ D.O.B. ____/____/____ Age: _____
(as of June 30, 2026)

Address: _____ City: _____ State: ____ Zip: _____

Primary Telephone: (____) _____ Circle One: Home / Cell / Work

Date of Registration: ____/____/____ Start Date: ____/____/____

Name of School (SY 2026-2027): _____ Grade (2026-2027): _____

Primary Language (if other than English): _____

Is your child a returning camper to the Youth Leadership Academy? (Circle one) YES NO

PHYSICAL DESCRIPTION OF CHILD AND CURRENT PICTURE:

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Sex: Male / Female (circle one) Race/Ethnicity: _____ Identifying Marks: _____

T-Shirt Size (Circle One) : Youth Small Youth Medium Youth Large Youth X-large Adult Small

Adult Medium Adult Large Adult X-large

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.

TO BEST SERVE EACH CHILD THE CAMP REQUIRES THE FOLLOWING QUESTIONS BE ANSWERED AT THE TIME OF REGISTRATION

Yes or No (circle one) Does your child have any medical/health conditions, allergies, dietary restrictions or other special needs? (Examples: Asthma, allergy to penicillin, allergy to nuts, gluten free diet, etc.)

If yes, please specify: _____

Yes or No (circle one) Does your child require medication or treatment while at our program?

If yes, please specify: _____

Any prescription medications must be provided in their original boxes/bottles with the pharmacy label attached. *The Camp Will Provide** two medication consent forms to be completed & signed by a physician & parent/guardian. These forms are required if your child needs to take medication while at the Camp.*

Yes or No (circle one) Does your child require any specialized services during camp or school hours? **If yes, please specify (attach additional pages if necessary):** -

Yes or No (circle one) Does your child receive accommodations as part of an IEP (Individualized Learning Plan), 504 or other special needs accommodations? **If yes, please specify (attach additional pages if necessary):** _____

Yes or No (circle one) Are there any custody agreements, court orders or restraining orders pertaining to this child? **If yes, please attach.**

**** NOTE: Court orders/custody/guardianship documentation is required to deny release to another parent.****

Yes or No (circle one) Is there any other information that we should be made aware of which help your child successfully participate in our programs? **If yes, please explain (attach additional pages if necessary):**__

EMERGENCY INFORMATION

Child's Physician: _____ Phone: _____

Address: _____

Health Insurance Carrier: _____ Policy Number: _____

Parent/Guardian Contact Information

Parent/Guardian Information (Primary Contact):

Parent/Guardian Name: _____

Email Address: _____

Relationship to Child: _____

Home Address: _____

Home Phone #: (_____) _____

Cell Phone #: (_____) _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone #: (_____) _____ Hours at Work: _____ to _____

Preferred contact #: Home / Cell / Work (Please circle one)

Parent/Guardian Information:

Parent/Guardian Name: _____

Email Address: _____

Relationship to Child: _____

Home Address: _____

Home Phone #: (_____) _____

Cell Phone #: (_____) _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone #: (_____) _____ Hours at Work: _____ to _____

Preferred contact #: Home / Cell / Work (Please circle one)

Parent/Guardian Signature

____/____/____
Date

Child Pick-Up/Emergency Contact Information

Children will ONLY be released to Parents/Guardians listed on the previous page and the contacts that are listed below. Written consent from ONLY a Parent or Guardian must be provided to add a pick-up person to the list. The list of contacts you provide to the summer camp will be used in the case of an emergency and/or, if the Parent/Guardian cannot be reached. Please note, these contacts must be at least 18 years of age. Please supply a written note to the camp staff if anyone other than the Parent/Guardian(s) or Emergency Contact(s) listed below plans to pick up your child. Any and all persons authorized to pick up your child will be required to show photo ID at time of pick-up in compliance with our childcare license.

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

I give permission to the above listed contacts to pick up my child from the Youth Leadership Academy Summer Camp.

Parent/Guardian Signature

____/____/____
Date

Consent Form

Please carefully read and initial each line. By initialing, you agree to and understand all the terms listed below.

I understand that I must provide my child's up-to-date physical exam and immunization record prior to his or her participation in Summer Camp.	Required
I understand that the Staff at the Youth Leadership Academy are trained in the basics of First-Aid and CPR, and I authorize them to give my child First-Aid and CPR when appropriate.	Required
In the case of emergency, I give the Youth Leadership Academy permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached.	Required
I give the Youth Leadership Academy permission to take my child on scheduled field trips and understand that a third-party bus company will provide transportation for our members to and from the field trip.	Required
I give the Camp permission to provide my child with hand sanitizer and enforce strict hand washing and sanitizing practices throughout each day of Camp. I also give the Camp permission to enforce face mask protocols with my child.	Required
The Camp Director may request a conference regarding my child's behavior and/or incident that may warrant suspension or termination. I understand that it is to the discretion of the Camp Director whether my child will be suspended or terminated from the program. I also understand that I may request a conference to discuss matters that concern my child and the program.	Required
I give the Youth Leadership Academy permission to photograph and/or video my child to be used in displays and promotional materials for both the Camp and its partners.	
I agree to have my child at camp every day by 8:30am and agree to have my child picked up by 5:00pm every day. <u>No campers will be accepted after 9am without prior authorization from the Camp Director.</u>	Required

Transportation Plan and Authorization

(Please check (✓) the appropriate line to indicate how your child will arrive and depart)

ARRIVAL MY CHILD WILL ARRIVE TO THE PROGRAM BY:	DEPARTURE MY CHILD WILL DEPART THE PROGRAM BY:
<i>Example:</i> <input checked="" type="checkbox"/> Contract Van	<i>Example:</i> <input checked="" type="checkbox"/> Parent Pick-Up
<input type="checkbox"/> PARENT DROP OFF <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> PRIVATE TRANS. ARRANGED BY PARENT BY _____ <input type="checkbox"/> OTHER (Please Specify)	<input type="checkbox"/> PARENT PICK UP <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> PRIVATE TRANS. ARRANGED BY PARENT BY _____ <input type="checkbox"/> OTHER (Please Specify)

Please note, each morning and afternoon, the Parent/Guardian or other authorized contact must accompany your child into the building and sign them in and out of the program.

Parent/Guardian Signature

____/____/____
Date



This form is required to complete as the information is vital in securing available funding for the Youth Leadership Academy Summer Camp. This information is strictly confidential, does not affect camp eligibility and used for grant funding purposes only.

Ethnicity: (Please Circle All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black/ African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black/ African American & White |
| <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> American Indian/ Alaskan Native & White | <input type="checkbox"/> Native Hawaiian/ Pacific Islander |
| <input type="checkbox"/> American Indian/ Alaskan Native & Black/ African American | | <input type="checkbox"/> Other Multi Racial |

Household: (Check All That Apply)

Female Head of Household: Yes No **Disabled:** Yes No **Elderly:** Yes No

Member Lives With:

Mom _____	Grandparent _____
Dad _____	Foster Parent _____
Step-Mom _____	Other _____
Step-Dad _____	

Annual Household Income: _____

Number of Individuals in Household Over 18 years of age: _____

Number of Children in Household Under 18 years of age: _____

Is there a member of the Household 65 or Older? Yes _____ No _____

Is there a member of the Household who is Handicapped? Yes _____ No _____

Current Head of Household: Female _____ Male _____ Both _____

Current Single Parent: Yes _____ No _____

Does your child receive: Free Lunch _____ Reduced lunch _____ N/A _____

Military Service Member in Household: Yes _____ No _____

Branch: _____ Base: _____ Rank: _____

Status: Active _____ Reserve _____ Guard _____

SUMMER CAMP

A Recent Physical Exam (within the last 18 months) and Certificate of Immunization Records are required for summer camp. Please provide documentation of physical exam, immunization, and lead screening at time of registration.

REMINDER: *Failure to provide a complete and accurate registration form may delay your enrollment or may result in termination of your child's registration.*

**Youth Leadership Academy
Summer Camp Registration**

To avoid a delay in enrollment, please ensure you:

- Have completed, signed, and initialed all sections of the Registration Form
- Include a recent Physical Examination and Immunization Records
- Read and initialed/signed all policies/Consent Forms
- I agree to review the Youth Leadership Academy's Parent Handbook when it is sent to me after my child's acceptance into the camp

By signing this form, I acknowledge that I have read, understand and agree to all policies herein and in the Parent Handbook. I also acknowledge that the information provided on this form is true and accurate. I understand that if I provide an incomplete or inaccurate registration form, my child may not be able to enroll or may be terminated from the program.

Parent/Guardian Signature

DATE