

# 2026 Pinellas County Sheriff's Office Youth Academy

The Pinellas County Sheriff's Office is hosting an exciting and educational experience for youth in Pinellas County. The Youth Academy offers insight into how members of law enforcement perform their duties and serve the community.



## REQUIREMENTS

- Open to young men and women between the ages of 13-17
- Must pass a background check
- Completed applications can be emailed, hand-delivered, or mailed with postmark no later than May 29, 2026
- Must be in good physical and mental health and be able to successfully perform the physical exercises daily
- Long pants/jeans (leggings/yoga pants are not acceptable), plain black T-shirt, closed toed shoes, and a ball cap for range days

## INFORMATION

**Dates:** July 27 - 31

**Time:** 8:00 a.m. - 5:00 p.m.

**Location:** Sheriff's Administration Building / 10750 Ulmerton Road / Largo, FL

- Shuttles can be provided from specified locations in Pinellas County
- T-shirt will be provided on graduation day
- Only 60 seats available
- A deputy will be in contact to confirm applicant's position

## CHECKLIST

- Application
- Annual Health and Medical Record  
**\*ATTACH A COPY OF THE SHOT RECORDS**
- T-shirt size (mark on application)

Completed applications can be emailed, hand delivered, or mailed with postmark no later than May 29, 2026

Pinellas County Sheriff's Office  
P.O. Drawer 2500, Largo, FL 33779  
Attn: Deputy Jim Strong  
(727) 453-7461  
Cadets@pcsonet.com

# Pinellas County Sheriff's Office Youth Academy APPLICATION

**All questions must be answered. If something does not apply, please indicate with "N/A".**

If there are any unanswered questions, the application will be **rejected**.

Applicant Name:

\_\_\_\_\_

Last (Jr, II, III, etc.)                      First                      Middle

Nickname/ Preferred Name: \_\_\_\_\_ Shirt size: S M L XL XXL **(circle one)**

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ (M/F)

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

City,                      State,                      Zip Code

Phone: \_\_\_\_\_

Cell                      Home                      Other

School attending in the Fall: \_\_\_\_\_ Grade: \_\_\_\_\_

Current School attending: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Previously arrested: Yes or No **(circle one)** If so, for what? \_\_\_\_\_

Currently a member of a Cadet Unit? Yes or No **(circle one)** If so, which agency? \_\_\_\_\_

Primary Emergency Contact: (Parent or Guardian):

\_\_\_\_\_

Name                      Relationship                      Phone 1                      Phone 2

Parent Email Address: \_\_\_\_\_

(This is required in order to send schedules and updates)

Secondary Emergency Contact:

\_\_\_\_\_

Name                      Relationship                      Phone 1                      Phone 2

<b>Official Use Only:</b>	Informed of Status: Yes No	T-Shirt Size: _____
Received: _____		
Background check: Fail Pass	Shuttle Needed: _____	Shuttle Location: _____



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Release and Hold-Harmless Agreement for participation  
in the Pinellas County Sheriff's Office Youth Academy**

I \_\_\_\_\_, am the Parent or Legal Guardian of \_\_\_\_\_, and consent to my son/daughter's participation in the Pinellas County Sheriff's Office Youth Academy in Pinellas County, Florida. This program and training is for the purpose of educational benefit. I understand and agree that my son/daughter will be subject at all times to all instructions, orders and commands given to him/her by the officer or officers in command of the activities he/she may be participating in. I fully understand and appreciate the basic nature of law enforcement work and the possibility that situations may arise that may result in my son/daughter being exposed to the danger of physical harm or injury, including motor vehicle accidents and injury resulting from and training in defensive tactics, traffic control with practical exercises, building clearing, water survival techniques and officer survival training to include simmunition rounds. I understand freely and voluntarily accept these risks.

WHEREFORE, in consideration of the participation of my son/daughter in the Academy and his/her receipt of the educational benefits of the Academy, I hereby agree to release and to hold harmless the Pinellas County Sheriff's Office and Pinellas County School Board Officials, Officers, Agents, and employees individually and collectively harmless from all liability for personal injury or property damage my son/daughter may sustain during his/her participation in the Academy, including damages or injuries resulting from any negligent act or omission of any officer, employee or agent of any of the Agencies. I understand my son/daughter has the responsibility to buckle up in any vehicle used during the academy.

APPLICANT/CADET'S NAME \_\_\_\_\_ AGE: \_\_\_\_\_

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

PARENT/ GUARDIAN NAME: \_\_\_\_\_

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

## Media Release Form

### Pinellas County Sheriff's Office Youth Academy

I authorize the Pinellas County Sheriff's Office and Pinellas County School Board

To utilize my name, likeness, appearance, video image, or photograph for advertising, trade, informational or promotional purposes. I further understand that my appearance in any production, any proofs or prints (negatives or positives), and video shall remain the sole property of the above entities and their affiliates. I also certify that my release and authorization contained herein will not violate any pre-existing or subsequent contracts or commitments for which I am responsible or liable.

Date: \_\_\_\_\_

*The model appearing is under age eighteen (18), and I do sign this release under the representation of legal parent or guardian:*

\_\_\_\_\_  
(Print model's name, 17 & under)

\_\_\_\_\_  
(Signature of model)

\_\_\_\_\_  
(Print parent/guardian name)

\_\_\_\_\_  
(Signature of parent or guardian)

Check here if you choose not to participate

\_\_\_\_\_  
(Print model's name, 17 & under)

\_\_\_\_\_  
(Signature of model)



## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

High-adventure base participants:  
Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a])* My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any: \_\_\_\_\_  None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

### In case of emergency, notify the person below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

## Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE  YES  NO

AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_

DO YOU USE AN ASTHMA RESCUE  YES  NO

INHALER? Exp. date (if yes) \_\_\_\_\_

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.

If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit [www.scouting.org/health-and-safety/ahmr](http://www.scouting.org/health-and-safety/ahmr) to view this information online.

### Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's printed name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

Height (inches)	Max. Weight						
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295





**EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, RELEASE OF LIABILITY AND WAIVER OF CLAIMS**

**PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING**

**EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES**

I \_\_\_\_\_ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with snorkeling, skin and/or scuba diving, and instruction related thereto ("Diving Activities").

I understand that these risks can lead to severe injury and even loss of life.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber.

I understand that snorkeling, skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during Diving Activities, and that if I am injured as a result of heart attack, stroke, panic, hyperventilation, drowning or any other cause, that I expressly ASSUME THE RISK of said injuries and that I will not seek to hold any other party responsible for the same.

I understand that Diving Activities may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and competent medical assistance. Despite this, I choose to proceed with these Diving Activities even in the absence of a recompression chamber and competent medical assistance.

I understand that there are hazards and risks associated with travel to and from dive sites ("Dive Travel"), including, but not limited to the possible injury or loss of life as a result of a boating accident

Regardless of the potential hazards and risks associated with Diving Activities and Dive Travel, I wish to proceed and I HEREBY PERSONALLY ASSUME ALL HAZARDS AND RISKS, including possible personal injury, loss of life and/or property damage, arising out of or in connection with Diving Activities and/or Dive Travel, whether foreseen or unforeseen, that may befall me while I am a participate in these activities.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:**

In consideration of being allowed to participate in Diving Activities, Dive Travel, and use the facilities and equipment of the parties listed below, I understand and agree that neither my:

Instructor(s): \_\_\_\_\_

The facility through which I receive my instruction: \_\_\_\_\_

Others: \_\_\_\_\_

nor the National Association of Underwater Instructors, Inc., nor their affiliate and subsidiary organizations, nor any of their respective employees, officers, directors, representatives, agents, contractors, volunteers, or assigns (hereinafter collectively referred to as the "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me or my property that may occur as a result of my participation in Diving Activities or Dive Travel, or as a result of the negligence of any party, including the Released Parties, whether passive or active, foreseen or unforeseen.

I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS OR CAUSES OF ACTION THAT I, MY ESTATE, HEIRS, EXECUTORS OR ASSIGNS MAY HAVE FOR PERSONAL INJURY, PROPERTY DAMAGE OR LOSS OF LIFE BASED UPON NEGLIGENCE, ACTIVE OR PASSIVE WITH THE EXCEPTION OF GROSS NEGLIGENCE, FORESEEN OR UNFORESEEN, WHICH ARISE FROM DIVING ACTIVITIES OR DIVE TRAVEL.

By executing this Agreement, I agree to hold the Released Parties harmless from and against all claims or causes of action for any personal injury, property damage, or loss of life which may occur during Diving Activities or and/or Dive Travel.

I hereby declare that I am of legal age and am competent to sign this Agreement, or if not, that my parent or legal guardian shall sign on my behalf and that my parent or legal guardian is in complete understanding and concurrence with this Agreement.

I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Released Parties other than what is set forth in this Agreement.

I agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America. If any provision, section, subsection, clause or phrase of this Agreement is found to be unenforceable or invalid, that part shall be stricken from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable or invalid part had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties on my behalf or as a result of my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

*I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.*

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Witness (Name) \_\_\_\_\_ Signature \_\_\_\_\_

Signature of Parent or Guardian If Participant Is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness (Name) \_\_\_\_\_ Signature \_\_\_\_\_

