



# SAVANNAH POLICE DEPARTMENT

## SAVANNAH IMPACT PROGRAM

# BEYOND THE BADGE

# GIRLS

# POLICE

# CAMP



### APPLICATION

#### Camp Schedule

July 14<sup>th</sup> - July 25th  
9:00AM - 1:00PM

---

Applications Must Be  
Submitted By  
May 30th

---

Uniforms Included  
Physicals Required

“Beyond the Badge” Police Camp is an exciting opportunity for young women ages 14 to 21 who are passionate about pursuing a career in law enforcement. Participants will engage in light physical training, explore specialized units within the police force, and will gain valuable knowledge in law enforcement education through classroom presentations, hands-on learning, real-life scenarios.

# Beyond the Badge: Girls Police Camp

## Application Form

Hosted by Savannah Police Department & Savannah Impact Program

Camp Dates: July 14th – July 25th | Time: 9:00 AM – 1:00 PM

Application Deadline: May 30th | Uniforms Included | Sports Physicals Required

## Applicant Information

Applicant's Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

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

Emergency Contact Phone: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Applicant Shirt Size (Circle): **S M L XL XXL**

Applicant Pant Size (Circle): **S M L XL XXL**

Applicant Pant Number Size: \_\_\_\_\_

## Education & Interests

Current School/Institution (if applicable): \_\_\_\_\_

Grade Level (if applicable): \_\_\_\_\_

Are you interested in a career in law enforcement?  Yes  No  Maybe

Why do you want to attend this camp? (Briefly explain)

---

---

---

# Beyond the Badge: Girls Police Camp

## Application Form

Hosted by Savannah Police Department & Savannah Impact Program

Camp Dates: July 14th – July 25th | Time: 9:00 AM – 1:00 PM

Application Deadline: May 30th | Uniforms Included | Sports Physicals Required

### Medical Information

Applicants will participate in light physical activity.  
(For safety purposes, please provide any relevant medical information.)

Insurance Company Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Do you have any allergies?  Yes  No

If yes, please list: \_\_\_\_\_

Do you have any medical conditions that may require special accommodation?

Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any dietary restrictions?  Yes  No

If yes, please specify: \_\_\_\_\_

All applicants must complete a sports physical & be medically cleared for light physical activity.

Have you completed a sports physical or received medical clearance for light physical activity?  Yes  No

**\*Please submit a copy of the completed sports physical or medical clearance to this application**

# **Enrollment Release & Consent**

**PLEASE READ THE FOLLOWING VERY CAREFULLY:**

**Medical Release:** My signature below indicates that I understand that I/my child is being enrolled in a two-week Girls Police Camp presented by SPD Officers at Savannah Impact Program. I understand that should I/my child needs medical attention in an emergency, every effort will be made to contact the designated emergency/parent. However, if someone cannot be reached, I hereby grant permission to the Savannah Police Department and/or its designee to render emergency medical treatment, x-rays, routine tests, release personal contact information, and provide/arrange for transportation of I/my child to a medical care facility. I hereby give permission to emergency personnel or a physician to provide any treatment deemed necessary should such a medical emergency arise. I understand that I will be financially responsible for all the costs incurred for medical treatment provided to my child. Medical insurance information should be provided when submitting this form.

**General Consent to Enroll:** I understand that I/my child is being enrolled in the Beyond the Badge Girls Police Camp at my or her own risk. In the event of an accident, I hereby consent to defend, indemnity, and hold harmless SPD and its officers, employees, agents, staff, advisors, or designees. I hereby waive my right to assert any claims against The Mayor and Aldermen of the City of Savannah, the Savannah Police Department, their employees, officers, agents, staff, advisors, and designees. I understand that the Beyond the Badge Girls Police Camp is from 9:00 a.m. to 1:00 p.m. I also understand that I/my child is expected to behave appropriately during the camp and may be asked to leave the camp if any inappropriate behavior occurs.

**Media Consent:** I understand that my/my child's participation in the 2025 SPD/SIP Beyond the Badge Girls Police Camp could result in her likeness being photographed, filmed, or recorded during the process. I understand that visual and audio recordings of my/my child photography could be used by television stations; radio stations print media and/or online media. I understand that my child's image could be reproduced and distributed for a variety of publications, displays and/or exhibits documenting the highlights of the 2025 SPD/SIP Beyond the Badge Girls Police Camp. I have read the 2025 SPD Youth Spring Camp Media Consent Form and hereby grant media consent for my/my child.

## **Parental/Guardian Consent (If under 18 years old)**

I, (Parent/Guardian Name) \_\_\_\_\_, give my permission for my child (Applicant Name) \_\_\_\_\_, to participate in the Beyond the Badge: Girls Police Camp. I understand that physical activity will be involved, and I authorize emergency medical treatment if necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

## **Applicant Consent**

I, (Applicant Name) \_\_\_\_\_, certify that I have read, understand and consent to all information listed in this application. I also certify that the information provided in this application is accurate. I understand that participation in this camp requires professionalism, teamwork, and respect. I understand that light physical activity will be involved, and I authorize emergency medical treatment if necessary

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Savannah Impact Program Waiver, Release, and Hold Harmless Agreement**

This Waiver, Release and Hold Harmless Agreement (“Release”) is effective

\_\_\_\_\_  
(Month/Day), 2025 and agreed to by \_\_\_\_\_

(“Recipient”), the parent or legal guardian of and/or \_\_\_\_\_ (“Participant”).

WHEREAS Savannah Police Department (“SPD”) conducts the Beyond the Badge Police Camp, which includes presentation of enrichment topics by SPD faculty members and officers at no charge to and for the community’s youth, and young adults and

WHEREAS, in consideration for the provision of such free services by SPD and its faculty and officers

NOW THEREFORE, the Recipient, as the parent/legal guardian or Participant, and their successors, representatives, heirs, assigns and any other all other persons or entities claiming by, under or through Recipient, represents, covenants, and agrees as follows:

Recipient acknowledges that during the SPD Beyond the Badge Girls Police Camp, the Participant will be involved in certain activities/ enrichment presentations, comprising of but not limited to the following: Physical Activity, City Hall Tour, Chatham County Court House Visit, Gang Prevention, Police Unit Education, Anti-Bullying Workshop, Jail Tour.

Recipient, for him/herself and on behalf of the Participant, accepts and voluntarily incurs all risks of any injuries, damages, or harm which arise during or result from any activities of, or services provided by SPD, the Mayor and Aldermen of the City of Savannah and/or they’re its faculty members, employees, officers, agents, or representatives (“Released Parties”).

Recipient, for him/herself and on behalf of the Participant, waives releases and forever discharges all claims against any of the Released Parties for any injuries, damages, losses, or claims, whether known or unknown, which arise during or result from any activity of or services provided by the Released Parties.

Recipient, for him/herself and on behalf of the Participant, waives, releases and forever discharges all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from any activity of or services provided by any of the released parties under or in connection with the SPD/SIP Beyond The Badge Girls Police Camp, including but not limited to any such injury, damage, loss or claim arising from Participant’s participation in the Beyond The Badge Girls Police Camp.

Recipient, for him/herself and on behalf of the Participant, agrees to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs, or expenses (including but not limited to reasonable attorneys’ fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits arising from or related to Participant’s participation in the SPD/SIP Beyond The Badge Girls Police Camp. Recipient acknowledges having carefully read and reviewed this Waiver, Release and Hold Harmless Agreement, covenants that he/she has the lawful ability to execute this Release on behalf of the Participant and represents that he/she fully understands and voluntarily executes the same.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

Parent’s Signature \_\_\_\_\_ Parent’s Printed Name \_\_\_\_\_

Participant’s Name: \_\_\_\_\_

Participant’s Signature: \_\_\_\_\_

# Beyond the Badge: Girls Police Camp

## **Application Form**

Hosted by Savannah Police Department & Savannah Impact Program

Camp Dates: July 14th – July 25th | Time: 9:00 AM – 1:00 PM

Application Deadline: May 30th | Uniforms Included | Sports Physicals Required

## **APPLICATION SUBMISSION INSTRUCTIONS**

- Please ensure that applications are submitted with medical clearance or sports physicals.
- Applications may be submitted via email or in person at the Savannah Impact Program building at **2005 Waters Avenue Suite 500**.
  - Notifications of acceptance will go out no later than June 15, 2025

## **Contact Information**

Savannah Impact Program  
LaToyia Daniels  
912.525.2780 Ext. 2299  
[Latoyia.Daniels@savannahga.gov](mailto:Latoyia.Daniels@savannahga.gov)

# ■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

---



---



---

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food

Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			
3. Have you ever spent the night in the hospital?			
4. Have you ever had surgery?			
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
7. Does your heart ever race or skip beats (irregular beats) during exercise?			
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			
10. Do you get lightheaded or feel more short of breath than expected during exercise?			
11. Have you ever had an unexplained seizure?			
12. Do you get more tired or short of breath more quickly than your friends during exercise?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			
BONE AND JOINT QUESTIONS		Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			
18. Have you ever had any broken or fractured bones or dislocated joints?			
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			
20. Have you ever had a stress fracture?			
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			
22. Do you regularly use a brace, orthotics, or other assistive device?			
23. Do you have a bone, muscle, or joint injury that bothers you?			
24. Do any of your joints become painful, swollen, feel warm, or look red?			
25. Do you have any history of juvenile arthritis or connective tissue disease?			

MEDICAL QUESTIONS		Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
27. Have you ever used an inhaler or taken asthma medicine?			
28. Is there anyone in your family who has asthma?			
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
30. Do you have groin pain or a painful bulge or hernia in the groin area?			
31. Have you had infectious mononucleosis (mono) within the last month?			
32. Do you have any rashes, pressure sores, or other skin problems?			
33. Have you had a herpes or MRSA skin infection?			
34. Have you ever had a head injury or concussion?			
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
36. Do you have a history of seizure disorder?			
37. Do you have headaches with exercise?			
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
39. Have you ever been unable to move your arms or legs after being hit or falling?			
40. Have you ever become ill while exercising in the heat?			
41. Do you get frequent muscle cramps when exercising?			
42. Do you or someone in your family have sickle cell trait or disease?			
43. Have you had any problems with your eyes or vision?			
44. Have you had any eye injuries?			
45. Do you wear glasses or contact lenses?			
46. Do you wear protective eyewear, such as goggles or a face shield?			
47. Do you worry about your weight?			
48. Are you trying to or has anyone recommended that you gain or lose weight?			
49. Are you on a special diet or do you avoid certain types of foods?			
50. Have you ever had an eating disorder?			
51. Do you have any concerns that you would like to discuss with a doctor?			
FEMALES ONLY			
52. Have you ever had a menstrual period?			
53. How old were you when you had your first menstrual period?			
54. How many periods have you had in the last 12 months?			

Explain "yes" answers here

---



---



---



---



---



---



---



---



---

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

## EXAMINATION

Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
BP / ( / )	Pulse				
		<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>		
Appearance					
<ul style="list-style-type: none"> <li>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>					
Eyes/ears/nose/throat					
<ul style="list-style-type: none"> <li>• Pupils equal</li> <li>• Hearing</li> </ul>					
Lymph nodes					
Heart*					
<ul style="list-style-type: none"> <li>• Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>• Location of point of maximal impulse (PMI)</li> </ul>					
Pulses					
<ul style="list-style-type: none"> <li>• Simultaneous femoral and radial pulses</li> </ul>					
Lungs					
Abdomen					
Genitourinary (males only)†					
Skin					
<ul style="list-style-type: none"> <li>• HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>					
Neurologic‡					
<b>MUSCULOSKELETAL</b>					
Neck					
Back					
Shoulder/arm					
Elbow/forearm					
Wrist/hand/fingers					
Hip/thigh					
Knee					
Leg/ankle					
Foot/toes					
Functional					
<ul style="list-style-type: none"> <li>• Duck-walk, single leg hop</li> </ul>					

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

†Consider GU exam if in private setting. Having third party present is recommended.

‡Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared

Pending further evaluation

For any sports

For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared

Pending further evaluation

For any sports

For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

### EMERGENCY INFORMATION

Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_