S.H.O.C.K.

Apple Valley Police Activities League

(760) 240-7400, ext. 7416

Thank you for your interest in the S.H.O.C.K. Program

EACH CLASS STARTS PROMPTLY AT 4:00 PM. EXCESSIVE LATE ARRIVALS WILL CAUSE THE STUDENT TO BE REMOVED FROM THE PROGRAM.

1) Two or more absences will result in removal from the program.

2) The attached application **MUST** be completed and turned in to a S.H.O.C.K. staff member before orientation.

3) You will find a map and driving directions on the last page of the enclosed packet.

4) All participants must dress in the S.H.O.C.K. uniform every class. **No Exceptions!**

5) Water and a snack will be provided due to the length of the program.



******* KEEP THIS PAGE *******

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ORIGIN:

· S.H.O.C.K. was created in 2003 at the request of Community Leaders.
· Follow-ups revealed that many participants became productive members of society.
· Since 2007, over 350 juveniles have participated in the S.H.O.C.K. program.

GOALS:

The S.H.O.C.K. program was designed to show troubled teens the reality of poor decision-making and negative choices. Juveniles see incidents such as police pursuits, gang violence, and drive-by shootings and do not realize the consequences of criminal behavior. Today's youth have developed a respect for criminals and the misconception that life in the criminal justice system is glamorous. This misconception commonly has been delivered by television or results from the juvenile having friends and family members who have been through the jail system.
This program is not for all juveniles. It is geared toward those who have begun a negative lifestyle or are on the verge of heading down the wrong path, such as alcohol, drugs, gangs, and violence. This is NOT a boot camp.

ALL YOUTH ARE AT RISK:

The S.H.O.C.K. program is also for parents or guardians who need intervention in their child's life. While their children are enrolled in the S.H.O.C.K. program, the parents will complete the "Parent Project" program taught by the Apple Valley Sheriff's Station. We believe this will enable parents to interact effectively with their children after they successfully complete the S.H.O.C.K. program.



CRITERIA:

- Children must be between 12-17 years of age.
- Apple Valley resident or enrolled in the Apple Valley School District.
- ***No juveniles in placement***
- Participation must be **VOLUNTARY.**
- The participant must have a parent or legal guardian who is capable and willing to attend “Parent Project”. Transportation is NOT provided, so the parent/guardian must be able to do so.

THIS PROGRAM IS DESIGNED TO:

- Re-direct negative behavior.
- Provide partnerships with law enforcement, the community, and schools.
- Increase understanding of the criminal justice system.
- Emphasize the legal consequences of violating the law.

WHO BENEFITS?

- **Communities** observe a reduction in crime within their neighborhoods and schools.
- **Court** system increases its efficiency and obtains a reduction in caseload resulting in lower court costs.
- **Families** receive support from law enforcement and additional resources to improve relationships with their children.
- **Youth** learn the consequences of delinquent behavior, obtain improved lifestyles, and become better community members.



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Apple Valley Police Activities League

Juvenile Information: (please print clearly and be complete)

Name: _____Date of Birth: _____/_____/_____Age: ____
Social Security #_____-_____-_____Drivers License or I.D. # _____
Address: _____City: _____ Zip: _____
Home # _____
School: _____ Grade: ____ Ethnicity: _____ Gender: M/F

Parent/Guardian Information:
Name: _____ Date of Birth: ____/____/_____
Relationship: _____
Drivers License or I.D. # _____
Address: _____ City: _____Zip: _____

Home Phone: ( ) _____ Work Phone: ( ) _____

Parent/Guardian Information:
Name: _____ Date of Birth: ____/____/_____
Relationship: _____
Drivers License or I.D. # _____
Address: _____ City: _____Zip: _____
Home Phone: ( ) _____ Work Phone: ( ) _____

Guardian who will be attending Parent Project:
Name: _____ Date Birth: ____/____/____
Relationship: _____

Sponsor Information (school, court, self, etc.)**: _____**

List any medical conditions/behavioral concerns:
_____
_____
_____

S.H.O.C.K.
Apple Valley Police Activities League

Initial Evaluation

Please take the time to evaluate your son, daughter, etc. who will participate in the S.H.O.C.K. program. Check the area that best describes the child's behavior.

	Good	Fair	In need of Intervention
1. Attendance in school:	☐	☐	☐
2. Improvement in grades:	☐	☐	☐
3. Follows rules:	☐	☐	☐

4. Shows respect for authority: ☐ ☐ ☐
5. Demonstrates a positive attitude: ☐ ☐ ☐
6. Anger: ☐ ☐ ☐
7. Self –esteem: ☐ ☐ ☐
8. Sets goals for him or herself: ☐ ☐ ☐
9. Dependability: ☐ ☐ ☐
10. Demonstrates responsibility: ☐ ☐ ☐

List your reason(s) for showing interest in the S.H.O.C.K. program

_____
_____
_____
_____

Name of Parent/Guardian: _____

Signature: _____ Date: _____

S.H.O.C.K.
CONSENT AND RELEASE FORM

To: The San Bernardino County Sheriff's Department, the County of San Bernardino, the Town of Apple Valley and the Apple Valley Police Activities League (AVPAL):

I understand that you desire to use the participant's likeness in a video production, and to produce, distribute, exhibit and exploit said video including the participant's likeness. I have agreed to grant you certain rights with respect to this. This consent and release confirms our agreement as follows:

1. **CONSIDERATION; GRANT OF RIGHTS:**

In consideration of appearing in the video production designed for the S.H.O.C.K. Program, and being allowed to spend the time necessary to have my likeness included in this production, with full knowledge, I hereby grant the San Bernardino County Sheriff's Department, the County of San Bernardino and the Apple Valley Police Activities League, perpetually and irrevocably, the unconditional and exclusive right throughout the world to use my likeness, voice, personality, and personal identification in connection with the S.H.O.C.K. Program video production. I reserve no rights with respect to such a video production and agree that such a production (including the

participant's likeness) may be used in any manner as you, your successors and assigns, determine, in your sole discretion. I further acknowledge that I am to receive no monetary compensation whatsoever with respect to my appearance in, or use, of the video production described herein. Any or all of these granted rights shall be freely assignable by you.

2. **RELEASE:**

I hereby agree to release and discharge you, your employees, agents, licensees, successors, and assigns from any and all claims, demands, or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright, or violation of any other right arising out of or relating to any utilization of the granted rights or based upon any failure or omission to make us thereof.

3. **NAME AND LIKENESS:**

I hereby agree that my name will not receive a credit in the completed video production described herein, and that my likeness may or may not appear in the completed video production, in your sole discretion.

4. **REMEDIES:**

No breach of this consent and release shall entitle me to terminate or rescind the rights granted to you herein, and I hereby waive the right, in the event of any such breach, to equitable relief or to enjoin, restrain, or interfere with the production, distribution, exploitation, exhibition, or use of any of the granted rights herein, it being my understanding that my sole remedy shall be the right to recover damages with respect to any such breach.

5. **ENTIRE UNDERSTANDING:**

This consent and release expresses the entire understanding between you and me, and I agree that no oral understandings have been made with regard thereto. This consent and release may be amended only by written instrument signed by you and me. I acknowledge that in granting the granted rights I have not been induced to do so by any representations or assurances, whether written or oral, by you or your representatives relative to the manner in which the granted rights may be exercised, and I agree that you are under no obligation to exercise any of the granted rights and agree that I have not received any promises or inducements other than as herein set forth. The provisions hereof shall be binding upon me and my heirs, executors, administrators, and successors.

6. **APPLICABLE LAW:**

This consent and release shall be construed in accordance with the laws of the State of California applicable to agreements, which are fully signed and performed within the State of California.

Dated: _____

_____ _____

Juvenile Signature Parent Signature

Print Name

Print Name

Address (please print)

City, State, Zip

IT IS SO AGREED:

Dated: _____

S.H.O.C.K. Representative Signature

Print Name

Title

ACCEPTANCE OF RISK AND RELEASE OF LIABILITY

Activity: Apple Valley Police Department's S.H.O.C.K. program

Activity Date(s) and Time(s):

_____

Activity Locations(s): Superior Court of California, County of San Bernardino, Victorville Court District, 14455 Civic Center Drive, Victorville, California 92392

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue the Superior Court of California, County of San Bernardino,** and its judges, subordinate judicial officers, court executive officer, court administrators, employees, volunteers, agents and representatives (collectively "Court") from any and all claims, **including claims of the Court's negligence,** resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in the Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in the Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or

emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in Activity, including travel to, from and during the Activity.**

I agree to hold the Court harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the Court incurs any of these types of expenses, I agree to reimburse the Court. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the Court from all liability, (b) promising not to sue the Court, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Date:_____ _____

Participant Signature

_____

Participant Name (print)

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the Court from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Date:_____ _____

Minor Participant's Parent/Guardian Signature

_____

Minor Participant's Parent/Guardian Name (print)

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
DETENTION AND CORRECTIONS BUREAU

CONSENT AND RELEASE FORM:
Minors Touring Jail Facilities

JAIL VISITATION AGREEMENT ASSUMING RISK OF INJURY, WAIVING DAMAGES, AND RELEASING THE COUNTY OF SAN BERNARDINO AND THE SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT OF ALL LIABILITY AND CLAIMS.

WHEREAS, _____ the undersigned, has made a voluntary written request for permission for him or her or his or her minor child to visit as a guest observer, one or more San Bernardino County Sheriff's Department (hereafter referred to as Sheriff's Department) jail facilities, at a time when inmates are incarcerated in such facilities, and has further requested permission for him or her or his or her minor child to observe employees of the Sheriff's Department during the active performance of their official duties inside the jail facilities, and **WHEREAS,** the undersigned understands and acknowledges that the work and activities of said law enforcement agency are inherently dangerous, involving possible risk of physical injury or death, and property damage or expense.

NOW, THEREFORE, in consideration of the Sheriff's Department extending to me or my minor child the opportunity to visit as a guest observer, one or more Sheriff's Department jail facilities, I, the undersigned, hereby agree to release the County of San Bernardino and the Sheriff's Department, the Sheriff, and all of their Board members, officers, employees and volunteers, as well as their agents, sureties, servants, successors, heirs, executors, and administrators from any and all liability and claims for any harm or loss that I or my minor child may suffer during or as a result of my or my child's participation in the Sheriff's Department's jail facilities visitation program, so that each of them shall not be held liable or responsible under any circumstances whatsoever by me, my minor child, my estate, or my heirs for any injury, damage, expense or loss to my or my child's person or property sustained or incurred as a result of my or his or her participation in the said program. This assumption of risk of injury, waiver of damages, and release of liability and claims shall remain in full force and effect whether injury, damage, expense or loss arises while I or my minor child is inside or outside Sheriff's Department jail facilities, and throughout the duration of my or his or her participation in the jail visitation program.

I HAVE READ THE ABOVE AGREEMENT, FULLY UNDERSTAND ITS CONTENTS AS A BINDING RELEASE OF LIABILITY AND CLAIMS, WAIVER OR DAMAGES, AND ASSUMPTION OF RISK OF INJURY BY ME AND MY MINOR CHILD PARTICIPATING IN THIS TOUR, AND AM SIGNING THIS DOCUMENT FREELY, VOLUNTARILY, AND WITHOUT ANY RESERVATION.

MY MINOR CHILD IS AT LEAST THE AGE OF 12 AND IS NOT A WARD OF THE COURT, ON PROBATION, OR UNDER ANY OTHER LEGAL MANDATE TO BE IN THE JAIL FACILITY.

Dated: _____

_____
Juvenile Signature

_____
Print Name

_____
Parent/Legal Guardian Signature

_____
Print Name

_____
Address (please print)

_____
City, State, Zip

IT IS SO AGREED:

Dated: _____

_____
Sheriff's Department - Representative Signature

_____
Title

_____
Print Name

ASU #060801
(Rev.12/2006)

Apple Valley Police Activities League
S.H.O.C.K.

STATEMENT OF HEALTH FOR MINOR

Parent Evaluation

The purpose of this letter is to document the minor, _____
Name of minor

Each participant will be required to perform various calisthenics outlined in the President's Fitness Challenge such as: circuit training, crunches, push-ups, pull-ups, jumping jacks, leg lifts, sprinting and jogging, and marching. The S.H.O.C.K. staff monitors all physical training. The calisthenics are designed to educate the participant as to the importance of physical fitness and maintaining a healthy lifestyle. The Center for Disease Control identified obesity in children and teenagers as a major health concern.

In addition, the participant will be subjected to the mental stress of receiving, and immediately reacting to verbal commands as they relate to physical training and marching drills. The participant will occasionally be required to stand "at attention" for varied periods of time not exceeding ten (10) minute intervals.

To the best of my knowledge, the minor is in apparent good health and is physically and mentally able to participate in the physical training activities of the S.H.O.C.K. program, as described above. **The participant must receive a medical clearance letter from a physician prior to being enrolled into the S.H.O.C.K. program.** (This is the sheet following this page)

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Parent/Legal Guardian (print)_____ Date:_____

Parent/Legal Guardian (signature)_____ Date:_____

Parent/Legal Guardian (print)_____ Date:_____

Parent/Legal Guardian (signature)_____ Date:_____

Apple Valley Police Activities League

S.H.O.C.K.

STATEMENT OF HEALTH FOR MINOR

EXAMINING PHYSICIAN

Each participant will be required to perform various calisthenics outlined in the President's Fitness Challenge such as: circuit training, crunches, push-ups, pull-ups, jumping jacks, leg lifts, sprinting and jogging, and marching. The S.H.O.C.K. staff monitors all physical training. The calisthenics are designed to educate the participant as to the importance of physical fitness and maintaining a healthy lifestyle. The Center for Disease Control identified obesity in children and teenagers as a major health concern.

In addition, the participant will be subjected to the mental stress of receiving, and immediately reacting to verbal commands as they relate to physical training and marching drills. The participant will occasionally be required to stand "at attention" for varied periods of time not exceeding ten (10) minute intervals.

The purpose of this letter is to document the minor, _____
Name of minor

may or may not participate in the above listed physical training activities. Physical training is one of the components of the S.H.O.C.K. program.

The parent(s)/legal guardian(s) were directed by the S.H.O.C.K. staff, to have a physician conduct a physical examination of the above listed minor.

I, _____ have conducted a physical examination
Please Print: Physician's Name

of the said minor listed above. I have read the above activity descriptions and have conducted a physical examination on the above listed minor. Based on my examination of the minor, it is my professional opinion the minor is:

☐ Able to participate in the above slated physical activities.

☐ Shall **NOT** participate in the above stated physical activities for the indicated reason(s):

_____

_____

Examining Physician's Signature: _____ Date: _____

Apple Valley Police Activities League

S.H.O.C.K. CONSENT TO SEARCH WAIVER

In consideration for allowing the minor to participate in the Apple Valley Police Activities League, S.H.O.C.K. program, this consent to search waiver only extends to the minor, _____, who is a participant in the Apple
Name of Minor
Valley Police Activities League S.H.O.C.K. program.

I, _____, (parent or legal guardian of the above named
Name of Parent/Legal Guardian
minor) acting on behalf of the minor, hereby give, release, and discharge the County of San Bernardino, Sheriff John McMahon, Sheriff of San Bernardino County, and officers, agents, servants, employees or officials of the County of San Bernardino and the Apple Valley Police Activities League, my written permission to any police officer or deputy sheriff as defined in chapter 4.5 (commencing with section 830) of the California Penal Code, to search my property or property under my control, any time day or night, with or without a warrant.

I, _____, do hereby grant unconditional authorization to
Name of Minor
any police officer or deputy sheriff as defined in chapter 4.5 (commencing with section 830) of the California Penal Code, to search my property or property under my control, with or without a warrant.

The scope of the search will include, but not limited to the following: the minor's person, bedroom, desks, computer systems including hard drives and software, closets, dressers, night stands, clothing, duffle bags, suitcases, restrooms areas, locked and unlocked containers, vehicles and school or gym lockers.

Items to be searched for will include, but not limited to the following: controlled substances and articles of paraphernalia, marijuana and articles of paraphernalia, articles commonly used in the sales of a controlled substance, alcoholic beverages, weapons, gang or tagging paraphernalia, records or information that may indicate criminal activity, and property that has been listed as stolen in a police report.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will. I hereby agree to the conditions of the Consent to Search as long as I am enrolled in the S.H.O.C.K. program. I understand that as a result of any search, any item(s) of an illegal nature will be seized and may be used in a court of law for the purpose of a criminal prosecution.

Parent/Legal Guardian (Signature):_____ Date:_____

Parent/Legal Guardian (Signature):_____ Date:_____

Minor (Signature):_____ Date:_____

Witness (Signature):_____ Date:_____
(Deputy will sign as witness during enrollment)

Directions to the S.H.O.C.K. Class

<u>THIS PROGRAM STARTS PROMPTLY AT 4:00 PM LATE ARRIVALS WILL NOT BE ACCEPTED.</u>

The Phoenix Academy (The former Vista Campana Middle School)
20700 Thunderbird Road, Room H-2
Apple Valley, CA. 92307

Drive to the rear of the school through the west gate to locate room H-2





10/27/15