



St. Joseph Police Department

Junior Police Academy Application

July 20-24, 2020, 8am-Noon (Ages 12-14)

Please drop off the completed application by June 1, at 501 Faraon M-F 8am-4pm

Name: _____
Last First MI

Address: _____
(Street/City/State/Zip Code)

Home Phone: _____ Email: _____

Date of Birth: _____ Age: ____ Sex: ____ T-shirt Size (adult): _____

Parent(s)/Guardian(s): _____

Mom Work Phone: _____ Mom Cell Phone: _____

Dad Work phone: _____ Dad Cell Phone: _____

**** Relative(s) to notify in case of an emergency or if a parent is unavailable**

1. Name: _____ Relationship: _____

Address: _____
(Street/City/State/Zip Code)

Home Phone: _____ Work Phone/Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____
(Street/City/State/Zip Code)

Home Phone: _____ Work Phone/Cell Phone: _____

I hereby waive and release any and all rights and claims for damages I may have against any and all individuals associated with the St. Joseph Police Department and the Junior Police Academy, and the City of St. Joseph while my child attends The St. Joseph Junior Police Academy for any and all injuries suffered by him/her at said Academy. I attest and verify that my child is physically fit and able to attend the St. Joseph Junior Police Academy.

Parent(s) Signature: _____ Date: _____

PARENTAL PERMISSION AND RESPONSIBILITY

I understand that the St. Joseph Police Department Junior Police Academy may accept my child to attend their Academy on the basis that I/WE have agreed to assume all risks arising from participation in said Academy. I/WE, the Parent/Guardian of _____, consent to his/her participation in this program and assume all risks and claims of damage of any nature or kind which my child could receive by reason of accident or injury while attending the Academy. The Academy staff and/or local hospital have my permission to treat the above child in the event of an emergency.

I/WE support the policies, regulations, and aims of the activities of the St. Joseph Police Department Junior Police Academy/City of St. Joseph I will talk to my child prior to attending the Academy and encourage them to take part in all activities, and to cooperate with the Academy staff and guest speakers.

I/WE also understand that if my child's behavior violates any of the Academy's rules or intimidates other cadets, the St. Joseph Police Department Junior Police Academy reserves the right to dismiss said child.

I/WE also understand that snacks may be provided throughout the day and Transportation to and from the academy is my responsibility.

Printed Name of Applicant: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

PHOTO / VIDEO RELEASE

For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use and appropriation of his/her likeness in any **St. Joseph Police Department/ City of St. Joseph** broadcast, publication, demonstration, or display of photographs and or video/film recording of **The St. Joseph Police Department/St. Joseph Junior Police Academy/ and the City of St. Joseph**. The undersigned recognizes that his/her likeness may be used in publications, periodicals, advertisements, promotional materials, commercials, or video presentations for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by **St. Joseph Police Department/City of St. Joseph** to ensure confidentiality, I knowingly, intentionally and voluntarily, and for my heirs and administrators and assigns, do, Generally Release **St. Joseph Police Department and the City of St. Joseph**, its directors, officers, agents, employees, and members from any or all liability of every nature for the use or appropriation of my name or likeness. I further waive any and all claims or causes of action or claims including, but not to be limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation, and disclosure of private facts. I hereby state that I understand the content and effect of this Release and intending to be legally bound hereby, sign.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Printed Name of Applicant: _____

RECOMMENDATIONS

Each applicant is required to have two recommendations. Acceptable recommendations can be from the following:

- Your current school Principal/Administrator
- Your current school counselor
- A Teacher or other staff member of your school

1. Recommendation:

Name: _____ Phone Number: _____

Relationship to applicant: _____

2. Recommendation:

Name: _____ Phone Number: _____

Relationship to applicant: _____

Applicant Statement

Complete the following question. Print NEATLY

1. **Explain why you would like to attend the St. Joseph Police Department's Junior Police Academy.**

Printed Name of Applicant: _____

Signature of Applicant _____ Date: _____