



# Town of Wallkill Police Department's **JUNIOR POLICE ACADEMY**

- Where:** Maple Hill Elementary School  
491 County Route 78
- Who:** Ages 9-14
- What:** A Junior Police Academy to inform children about different facets of Law Enforcement
- Dates:** Session 1: August 3-7, 2009  
Session 2: August 10-14, 2009  
Session 2: August 17-21, 2009
- Time:** 9:00AM-2:00PM
- Phone:** 845-692-6757



**Town of Wallkill Police Department  
Junior Police Academy Application**

Session One: August 3-7, 2009  
Session Two: August 10-14, 2009  
Session Three: August 17-21, 2009

Time: 9:00 AM – 2:00 PM                      Bring Your Own Lunch  
Ages: 9-14 years

All fields must be completed:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

I acknowledge that \_\_\_\_\_ is in good physical health and suffers from no condition that would restrict her/him from participation in this activity.

Please list any medical or other information that the Town of Wallkill may need to know for your child's participation, such as medication, asthma, peanut allergy, etc.: \_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Liability Clause: I understand that the Town of Wallkill shall not be responsible or legally liable for any bodily injuries or the result thereof incurred and suffered by my child on any property of the Town of Wallkill, or while engaged in any activity, unless such loss or injury results directly from negligence or willful act of any employee or volunteer of the Town of Wallkill acting outside the scope of his/her employment and or duties.**

**Medical Consent: I consent that my child be transported and given medical treatment if it becomes needed.**

**Other: I give permission for my child to be transported for any and all field trips. I also give consent for my child to have his/her photo, video or other media published for Town of Wallkill, advertisements, publications, or press release. By signing I am granting permission for my child to participate in the above indicated event and should any circumstances arise during the event, I will be available to pick up my child.**

**My child has been informed and knows that inappropriate behavior on their part will result in their removal from this program and possible ineligibility from future programs.**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

**Student's Activities/Hobbies:** \_\_\_\_\_

\_\_\_\_\_

**Why should you be accepted into the Junior Police Academy?:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_