

# Town of Wallkill Police Department Junior Police Academy Application

Session One:           August 9-13, 2010   Ages: 9 – 11 years old  
Session Two:          August 23-27, 2010   Ages: 12 – 14 years old

**Time: 9:00 AM – 2:00 PM                   Bring Your Own Lunch**

**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?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_