



## APPLICATION

Students Name \_\_\_\_\_  
Last First Middle Initial

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

School \_\_\_\_\_ Grade \_\_\_\_\_

Recommended by \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mothers Name \_\_\_\_\_  
Last First Middle Initial

Daytime Contact # \_\_\_\_\_

Fathers Name \_\_\_\_\_  
Last First Middle Initial

Daytime Contact # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #s \_\_\_\_\_

Special Needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Jr. Cadet Shirt Size (circle)

Youth S M L XL XX

Adult S M L XL XX

Is child currently taking any medications – Circle - NO YES  
(explain)\_\_\_\_\_

Does your child have any emotional and or physical limitations that would hinder him/her from participating in any activities, police topics, or tours?

Circle - NO YES (explain)  
\_\_\_\_\_  
\_\_\_\_\_

Do you have health insurance Circle NO YES \_\_\_\_\_  
Health Plan, Policy #

I, \_\_\_\_\_ (Junior Cadet), fully understand that for my safety and the safety of others, I must follow all rules of the Junior Police Academy or I may be terminated.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

**COVENANT NOT TO SUE**

I, \_\_\_\_\_, parent or legal guardian of applicant asks for permission for my child to attend the Junior Police Academy, and I fully understand that the Albuquerque Police Dept. has no obligation to allow any child or adult to attend Citizen Academies and that permission to attend and participate is solely voluntary by me and my said child. I, nor my child or our assigned successors or personal representatives will bring any action whatsoever, upon any grounds whatsoever, against the City of Albuquerque, the Albuquerque Police Department their agents or servants for any wrongful death, injury, (physical or emotional), or property damage that may occur as a result of attending a Citizen Police Academy. I fully hold the City of Albuquerque, its Police Department and their agents and servants harmless from any such death, injury or property damage. \_\_\_\_\_ **initial**

**My child may participate in the following (initial if allowed)**

Physical Training (PT)\_\_\_\_\_ Field Trips\_\_\_\_\_ Swimming\_\_\_\_\_  
Ride along\_\_\_\_\_ Firearm Training Simulator\_\_\_\_\_ Repelling\_\_\_\_\_  
Snacks containing sugar\_\_\_\_\_ Discipline\_\_\_\_\_ Tug of War\_\_\_\_\_  
Rock Climbing\_\_\_\_\_ Inflatable Obstacle Course\_\_\_\_\_ Zip Line\_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian Signature**