



APPLICATION

Students Name _____
Last First Middle Initial

Date of Birth ____/____/____ Age _____ Phone Number (____)____-_____

Address _____

School _____ Grade Level (2016-2017) _____

Have you attended an APD Junior Police Academy before? Circle - NO YES Year? _____

Have you ever been arrested or convicted of a crime? Circle - NO YES If Yes, on a separate sheet of paper, please explain details of offense/crime, date of crime and location where the crime took place.

Mothers Name _____
Last First Middle Initial

Daytime Number (____)____-_____ Other Number (____)____-_____

Fathers Name _____
Last First Middle Initial

Daytime Number (____)____-_____ Other Number (____)____-_____

Emergency Contact _____ Relationship _____
Last First Middle Initial

Daytime Number (____)____-_____ Other Number (____)____-_____

Jr. Cadet Shirt Size (circle)

Youth S M L XL XX Adult S M L XL XX

Junior Police Academy: MEDICAL QUESTIONNAIRE

1. Is child currently taking any medications? Circle - NO YES
(If yes,explain)_____
2. Is your child currently under the care of a physician? Circle - NO YES
(If yes,explain)_____
3. Does your child have any allergies?(medications, food, bee stings etc.) Circle - NO YES
(If yes,explain)_____
4. Does your child have high blood pressure? Circle - NO YES
(If yes,explain)_____
5. Does your child suffer from any heart problems? Circle - NO YES
(If yes,explain)_____
6. Has your child ever suffered from exhaustion or heatstroke? Circle - NO YES
(If yes,explain)_____
7. 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
(If yes,explain)_____

8. Do you have health insurance? Circle NO YES _____
Health Plan, Policy # _____
9. If your child should become ill and need attention, what hospital should be used? _____

Special Needs _____

*****Keep in mind that all attempts will be made to contact a parent or emergency contact person before anything is done. However, should your child become hurt/injured and we are unable to contact a parent or emergency contact person, please sign here to consent to the rendering of medical treatment to your child.*****

X _____
Parent/Guardian Signature

Junior Police Academy: PARTICIPANT AGREEMENT/RELEASE

I hereby agree that the Albuquerque Police Department may use and/or record on film, tape or otherwise my name, likeness, image and/or voice; my on-camera interview(s) and performance and any other material provided by me (e.g., biographical material, photographs, videotapes, film prints, artwork, contact information, etc.). I acknowledge and further agree that the Albuquerque Police Department Junior Police Academy shall exclusively own all rights (right to edit and/or alter) and the right to use said recordings to promote, publicize or market the Academy, at the complete and sole discretion of the Albuquerque Police Department. In addition, I also agree as follows:

- 1. I represent, warrant that I have the full right, power and authority to grant the rights granted herein. I am familiar with the nature of the Academy.**
- 2. I have been informed and I fully understand that any advice given to me on or in connection with the Academy is for informational purposes only. Should I follow all or any part of such advice, I shall do so entirely at my own risk.**
- 3. I understand and acknowledge that all travel in connection with my participation in the Academy will be at my sole responsibility, risk and expense.**
- 4. I affirmatively represent and warrant that I am mentally capable of entering into the Academy. I am not suffering from any mental or physical deficiency or affliction, and I am not taking any drugs or medication which would impair my judgement or render me unable to enter into the Academy.**

I acknowledge that I have carefully read the foregoing, that I understand it, that I was given the opportunity to ask questions about it and that I knowingly consent to all of the terms therein.

X _____
Student Signature

X _____
Parent/Guardian Signature

Date

Date

Junior Police Academy: AGREEMENT & COVENANT NOT TO SUE

I, _____ (Junior Cadet), hereby certify that there are no willful misrepresentations, omissions or falsifications in the answers to all questions. I understand that my omission or false statements on this application will be sufficient cause for rejection, enrollment, and dismissal from the Junior Police Academy. I 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. I also understand that APD may complete an investigation on any information provided and may ask for personal references.

X _____
Student Signature

X _____
Parent/Guardian Signature

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

Physical Training (PT) _____ Field Trips/Tours _____
Firearm Training Simulator _____ Repelling _____
Snacks containing sugar _____ Discipline _____ Tug of War _____
Rockwall Climbing _____ Inflatable Obstacle Course _____
Dodgeball _____

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 my child to attend and that permission to participate is solely voluntary by me and my said child. I, nor my child or our legal representative, heirs, 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 but are not limited to wrongful death, injury, (physical or emotional), or property damage that may occur as a result of attending a Junior Police Academy. I fully hold the City of Albuquerque, its Police Department, their agents and servants harmless from any such death, injury or property damage. Understanding these risks, it is still my decision to allow my child to participate in the Junior Police Academy. I assume full responsibility for such risks.

X _____
Parent or Guardian Signature

Incomplete applications will not be processed