

CRESTVIEW POLICE YOUTH ACADEMY

APPLICATION & RELEASE • ACADEMY DATES: JULY 24-28 or JULY 31-AUG 4, 2017

This form must be completed in full, signed in ink below and notarized in order for your child(ren) to participate in the Crestview Police Youth Academy. Incomplete applications will not be accepted. Please print clearly or type. Your child (not you) must write a 50-150 word statement stating why s/he wants to enroll in the Crestview Police Youth Academy. Be sure the child's name is on the statement and attach it to this application. A separate application and statement must be submitted for each child.

CHILD'S LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ EMERGENCY PHONE NUMBER _____

CHILD'S DATE OF BIRTH _____ AGE _____ CHILD'S SCHOOL _____ GRADE _____

PARENT'S EMAIL ADDRESS _____ CHILD'S T-SHIRT SIZE _____

HEALTH CONCERNS/LIMITATIONS, IF ANY _____

PREFERRED ACADEMY: JULY 24-28 JULY 31-AUGUST 4 (if space is unavailable in the preferred academy, your child will be assigned to the other academy)

PARENT OF GUARDIAN'S PERMISSION IS MANDATORY FOR EACH CHILD (PLEASE PRINT)

I, (PRINT YOUR NAME) _____, AM THE PARENT/LEGAL GUARDIAN OF _____

(PRINT CHILD'S FULL NAME) _____ (HEREIN REFERRED TO AS THE CHILD) AND CERTIFY THAT I AM

OVER 18 YEARS OF AGE AND RESIDE AT (PRINT YOUR ADDRESS) _____

(PRINT YOUR CITY, STATE AND ZIP CODE) _____

YOUR APPLICATION WILL NOT BE ACCEPTED IF IT IS NOT SIGNED BELOW BY A PARENT OR GUARDIAN AND IS NOT NOTARIZED.

In consideration of, and for the permission and authority of my child to participate in the Crestview Police Youth Academy, which I understand includes classroom instruction and physical activities, I hereby release and forever discharge, and shall hold harmless and indemnify the Crestview Police Department, the City of Crestview, Florida, and its agents, servants and employees (collectively hereinafter referred to as the city) from all actions, causes of actions, suits, debts, sums of money, accounts, damages, judgements, claims and demands whatsoever which I or my child, or our heirs, executors, administrators, successors and assigns may have now or in the future against the city arising out of my child's participation in the Crestview Police Youth Academy, including but not limited to the aforementioned activities and any acts related thereto. This release may not be changed orally.

SIGNED (IN INK) _____ DATE _____

PHOTO RELEASE: Photos of Crestview Police Youth Academy activities, and participants in such activities, may be taken by Police Department staff during the course of the academy. Photos may be used on the Police Department's website, Facebook page, in media releases and to promote future Youth Academies. I give my permission for my child to be photographed while participating in the Youth Academy.

SIGNED (IN INK) _____ DATE _____

.....
STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 2017, by (name of person making statement):

Signature of Notary Public, State of Florida

Name of Notary, typed, printed or stamped

Personally known OR
 Produced identification. Type of identification produced: _____