

PALMVIEW POLICE DEPARTMENT

JUNIOR POLICE ACADEMY APPLICATION

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____

Highest Grade Completed: _____

School: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: (____) ____ - _____

Work Number: (____) ____ - _____

Emergency Contacts

Name: _____

Address: _____

Relationship: _____ Best Contact Phone (____) ____ - _____

Name: _____

Address: _____

Relationship: _____ Best Contact Phone (____) ____ - _____

Class Schedule: June 04, 2012 thru June 28, 2012

Monday thru Thursday

8:00 AM to 5:00 PM

The class will be limited to 40 applicants.

Enrollment fee is \$50.00 dollars payable only in money order.

Breakfast and Lunch will be provided.

Police Academy shirts and shorts are included in the \$50.00 dollar fee.

T-Shirt Size: _____ Short Size: _____ (in adult sizes)

Make Money Orders payable to: **City of Palmview**

Please do not return this form to the school office. It must be returned to the Palmview Police

Department located at 400 W. Veteran's Blvd. Palmview, TX 78574.

Any questions you can call (956) 432-0303 or (956) 432-0328.



PALMVIEW POLICE DEPARTMENT

CERTIFICATIONS AND RELEASE OF LIABILITY

I, the undersigned parent or legal guardian, certify that my child is at least thirteen (13) years of age. I understand that falsification of any information on this form may disqualify my child from the program.

RELEASE OF LIABILITY & INDEMNITY:

I, the undersigned, certify that I have the legal authority to execute this release on behalf of my child, named below.

In consideration for the acceptance of my child's registration in the JUNIOR POLICE ACADEMY PROGRAM, I, the undersigned, binding my heirs, executors, administrators and assigns, do hereby release and agree not to hold liable, the City of Palmview, Palmview Police Department, its officers, agents, employees, and volunteers from any and all action, claim, demand, or damage arising from or resulting from property damage, personal injuries or death sustained by my child or my property while my child participates in the Palmview Junior Police Academy Program. I further agree, binding my heirs, executors, administrators and assign, to indemnify, hold and save harmless, City of Palmview, Palmview Police Department, its officials, agents, officers, employees, and volunteers from any liability, actions, claims, damages, awards or judgments incurred or suffered by the City or individuals as a result of any act or omission by my child, or caused in part by a person indemnified hereunder. _____ Initial

I assume complete and full responsibility for any injury that may occur to my child and/or intentionally caused by my child. In case of accident or illness, the adult in charge, at his/her discretion has my permission to take my child to a physician and/or hospital. I fully understand that I will be liable for all cost incurred. _____ Initial

PALMVIEW POLICE DEPARTMENT JAIL TOUR RELEASE OF LIABILITY:

I, the undersigned, grant permission for my child to participate in the Palmview Police Department Jail Tour, or to any jail or prison tour scheduled in the junior academy. I certify that I will not hold the City of Palmview or Palmview Police Department, any of its elected officials, officers, agents, employees and volunteers legally or financially responsible for any injuries or accidents that occur during the scheduled tour. _____ Initial

PERMISSION TO ATTEND:

By signing this document, I acknowledge, that I have given my authorization for my child to attend the Junior Police Academy Program and to participate in the physical fitness sessions involved. _____ Initial

PERMISSION TO PHOTOGRAPH:

As part of the Junior Police Academy Program, a group photo of children will be taken and may be placed in local newspapers. There may also be media coverage of the academy as well as video to be used by the Palmview Police Department. I authorize the photography of my child for this purpose. _____ Initial

RELEASE OF SCHOOL RECORDS:

By signing this document I acknowledge that I grant the City of Palmview and Palmview Police Department my authorization to access my child's school records. _____ Initial

Child's Name: _____

Printed Name of Parent or Guardian: _____

Parent or Guardian Signature: _____ Date: _____

Return to: PALMVIEW POLICE DEPARTMENT
c/o Commander Lenny Sanchez
400 W. Veteran's Blvd.
Palmview, Texas 78572