



LOUISVILLE METRO POLICE DEPARTMENT YOUTH CITIZENS POLICE ACADEMY



APPLICATION

Applicant Information

Applicant Last Name: _____

First Name: _____ Middle: _____

Date of Birth: _____ Age: _____ T-shirt Size: _____ Male: Female:

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

School: _____ Grade just completed: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Alternate Contact: _____ Alternate's Phone: _____

Do you have any special needs, considerations or restrictions that require accommodation in order for you to participate in this academy?

Explain in a few words why you are interested in attending the Youth Citizens Police Academy and how did you learn of the program:

List interests hobbies, sports, or other activities participant are involved in:

**PARTICIPANTS MUST ADHERE STRICTLY TO ALL INSTRUCTIONS AND
DEPARTMENTAL RULES AND REGULATIONS
WHILE ATTENDING THE YOUTH CITIZENS POLICE ACADEMY**

Applicants must be between the ages of 14-17 and either live, work or have parents/guardians that work in Louisville, KY. Submission of this application certifies that there are no willful falsifications or omissions and any shall be sufficient cause for rejection for enrollment or dismissal. Applicants consent for verification of this information. Classes will be held at specified sites in Louisville and applicants are expected to make a commitment to attend all class sessions. Applicants will be notified through e-mail of acceptance to attend. If you have any special needs, please notify us so that we may make appropriate accommodations. If you have any questions, please contact us.

In consideration of my being permitted to attend the Louisville Metro Police Department (LMPD) Youth Citizens Police Academy, I hereby release the sponsors: LMPD and any officials affiliated with the sponsors, from any and all injuries or damages incurred or arising from my participation in this event. I further attest and verify that I am physical fit and that a licensed medical doctor has verified my physical condition. I also grant permission for the sponsors to use any photographs of this event for any worthwhile purpose. I understand I will be removed from the Academy, at my own expense, should I fail to obey any rules or the Academy Rules and Regulations.

Continued

I understand that participation in LMPD activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release LMPD and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with LMPD employees, volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of LMPD activities. In case of emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

For value received, I hereby consent to the use of my (or his/her) name, voice and/or pictures by LMPD and/or any movie, news, or broadcasting companies or their licensees for broadcasting, direct exhibition, and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said participant of any product or service. I hereby agree to indemnify the LMPD, officers, employees, agents, or their representatives, and any other person working under the department or engaged in the conduct of their affairs, said movie or broadcasting companies and their licensees representing any claim arising out of my or said Participant's acts or statements.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return completed application to:

Louisville Metro Police Department
Community Relations Unit
Citizens Police Academies
633 West Jefferson Street
Louisville, KY 40202
Phone: (502) 574-7423
Fax: (502) 574-4468
E-mail: LMPDCPA@louisvilleky.org