



WELLESLEY POLICE DEPARTMENT YOUTH ACADEMY APPLICATION

NAME: _____

TELEPHONE: _____

STREET ADDRESS: _____

ZIP CODE: _____ AGE: _____ SCHOOL: _____

GRADE ENTERING SEPTEMBER 2012: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME(S): _____

IS YOUR CHILD IN GOOD PHYSICAL HEALTH? YES NO

IF NO, PLEASE EXPLAIN: _____

IS YOUR CHILD ALLOWED TO WALK HOME ALONE FROM THE PROGRAM? YES NO

PLEASE LIST THE NAMES & RELATIONSHIP OF INDIVIDUALS YOUR CHILD IS ALLOWED TO LEAVE WITH AT THE END OF THE PROGRAM DAY: _____

PLEASE LIST ANY KNOWN ALLERGIES (FOOD, MEDICATION, ENVIRONMENTAL OR OTHER) YOUR CHILD HAS: _____

PLEASE LIST ALL HEALTH CONCERNS, LIMITATIONS, OR RESTRICTIONS AND MEDICATIONS FOR YOUR CHILD: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

1) NAME: _____
RELATIONSHIP TO CHILD: _____ TELEPHONE: _____
ADDRESS: _____

2) NAME: _____
RELATIONSHIP TO CHILD: _____ TELEPHONE: _____
ADDRESS: _____

I/We the undersigned do authorize and permit said child, _____ to participate in all aspects of the Wellesley Police Department Youth Academy conducted by the Town of Wellesley under the Wellesley Police Department and Wellesley Youth Commission. I/We assume all risk and hazards incidental to such participation without limitation, and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, and participants from all claims for damages to persons which may result from any such activity by such child.

Parent/Guardian Signature(s)

Date

I/We grant the Wellesley Youth Commission/Wellesley Police Department permission to have my child photographed during Wellesley Police department Youth Academy for promotional purposes. I/We understand that these photographs may be used on the Town of Wellesley's web site, in the Wellesley Townsman, in future Youth Commission brochures, and possibly in other promotional materials.

Parent/Guardian Signature(s)

Date