



LEXINGTON POLICE DEPARTMENT

TEEN CITIZEN'S ACADEMY APPLICATION



Name: _____
 Date of Birth: _____
 Home Address: _____
 Phone Number: _____ Male ____ Female ____
 Email Address: _____
 School: _____ Last Grade Completed: _____
 Parent's Name: _____
 Address if Different: _____
 Parent's Phone Number if Different: _____
 Parent's Email Address: _____

Preferred Attendance Date: (Circle One)

July 13- Tuesday - 8:00 a.m.- 4:00 p.m.

July 14- Wednesday - 8:00 a.m.- 4:00 p.m.

July 15- Thursday - 8:00 a.m.- 4:00 p.m.

The Teen Citizens' Academy is intended to introduce middle and high school students to policing. The program will include classroom lecture and hands-on learning opportunities including, but not limited to, patrol functions, investigations, and crime scene processing.

Lunch will be provided. Some of these activities will be conducted outdoors, weather permitting.

Once complete, this application may be returned to the Lexington Police Department at 111 Maiden Lane in Lexington or to a School Resource Officer at your child's school.

Participant and Parental Acknowledgements

As a participant in Lexington Police Department's Junior Citizens' Police Academy, I acknowledge that I am expected to behave appropriately. Excessive horseplay, use of foul language, or other inappropriate behaviors may result in being dismissed from the program. I also understand that I am not allowed to take photographs or recordings of any of the police activities in the program without expressed permission. I understand that all activities are voluntary, and may require some degree of physical activity. As parent/guardian of the above named participant, I give my child permission to engage in all of the Junior Citizens' Police Academy activities, except as noted on this application. Both parent and child acknowledge that some of these activities are physical in nature, and participation in each activity is voluntary. Both parent and child acknowledge that the child may be removed from the program at any time for inappropriate behavior or activity. As parent/guardian, I hereby give permission to the Lexington Police to provide first aid and if necessary seek emergency medical treatment for my child; and to use my child's photograph and/or name in promotional materials for future programs or other reports.



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Parental Waiver

I recognize that the activity for which I am registering my child involves a risk of injury, as does any athletic activity. I waive and release any and all rights and claims for injury or damages resulting from this event. I agree to hold harmless the Town of Lexington Police Department and all volunteers and event staff members for any and all injuries suffered by my child while participating in this event. I further understand that any and all medical costs related to any injuries will be the responsibility of myself or my family's medical insurance company. I also agree to hold harmless the Town of Lexington Police Department and all volunteers and events staff members for any damages to my personal property related to my child's participation in this activity.

Participant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Participant's Name: _____

Parent's Name: _____

Special Needs/ Limitations

Does your child require any medications on a daily or emergent basis? YES ____ NO ____

If yes, please explain:

Does your child suffer from any medical conditions, including food allergies? YES ____

NO ____

If yes, please explain: _____

Please list any other special needs that the officers/staff should be aware of?
