

SELMA POLICE DEPARTMENT
JUNIOR POLICE ACADEMY
APPLICATION



MONDAY JULY 29TH – FRIDAY AUGUST 2ND 2019

DAILY CLASSES – 9AM – 12PM



Selma Police Department Junior Police Academy- July/August 2019

Participant Information:

Name: _____ Age: _____

T-shirt Size: _____ Nickname: _____

Address: _____

City / State / Zip code: _____ / _____ / _____

School: _____

Grade Level: _____ Teacher's Name (if known): _____

Special Needs or Requirements: _____

Does your child have any medical conditions or take medication that would hinder his/her involvement with the event? _____ If so please list: _____

Parent Contact Information: (parent or guardian)

Name: _____ Address: _____

City / State / Zip code: _____ / _____ / _____

Home Phone Number: _____ Cell: _____

Emergency Contact Name / Phone Number: _____



**Selma Police Department- 9375 Corporate Dr. Selma, TX. 78154
Office- 210-651-5368 Dispatch- 210-653-0033 Fax- 210-651-3272**

Selma Police Department Junior Police Academy- July/August 2019

Waiver:

I, the undersigned, do hereby give my effective consent and allow my child to participate in the Selma Police Department Junior Police Academy. I understand and agree that the sole purpose of this program is to educate the participant in various aspects of safety and to show the participant some of the inner workings of the Selma Police Department. I understand and agree that the Selma Police Department and its personnel hold the care and safety of my child with the utmost importance and will do everything in their power to ensure the safety of my child while in their care, therefore, I hereby release the Selma Police Department, City of Selma, and its personnel from any present or future liability with regards to my child's health or safety while participating in this event.

X _____ Date: _____
(Parent or Guardian Signature)

Audio/Video Consent:

I, the undersigned, do hereby grant permission to The Selma Police Department, The City of Selma, or its agent(s) to use the image of my child. Such use includes displays, distribution, publication, transmission or otherwise use of photographs, images, and / or video taken of my child during this event. I grant unrestricted permission for my child's image to be used in print, video, and digital media. I agree that the images may be used by The Selma Police Department, The City of Selma, or its agent(s) for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

X _____ Date: _____
(Parent or Guardian Signature)



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