



CELINA POLICE DEPARTMENT

Celina Police Department Junior Police Academy

2022

Applicant Information:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Age: _____ Gender: M / F Race/Ethnicity: _____

School: _____ Current Grade Level: _____ Adult T-Shirt Size: S / M / L / XL

Hobbies/Interests: _____

Home Address: _____

Apt Number: _____ City: _____ State: _____ Zip Code: _____

Parent or Guardian Information:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Gender: M / F Race/Ethnicity: _____

DL/ID Card State and Number: _____ Relationship to Applicant: _____

Home Address: _____

Apt Number: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Other: _____



CELINA POLICE DEPARTMENT

Best Method of Communication:

Phone: _____

Email: _____

Secondary Emergency Contact:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Gender: M / F Race/Ethnicity: _____

Relationship to Applicant: _____

Home Address: _____

Apt Number: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Other: _____



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MEDICAL INFORMATION

Full Name of Applicant: _____

List any and all medical conditions: _____

List any and all current medications: _____

List any and all allergies: _____

Is the applicant required to take medication during the hours of 8:00 AM and 12:00 PM? YES / NO

If yes, what is the medication and the dosage? _____

Is the applicant able to administer the medication? YES / NO

If no, please explain: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

NOTE: All medical emergencies will be treated as such and will be attended to by the Celina Fire Department as deemed necessary by academy personnel, instructors, or coordinators.



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REFERENCES

A minimum of **three** teacher/school administration references are required for each applicant. These references should be able to attest to the student's behavior, overall demeanor, and suitability for the Junior Police Academy.

Reference #1

Name: _____ Email: _____

Do you believe the applicant would be a good candidate for the Junior Police Academy program? Yes () No ()

Brief explanation of your answer: _____

Reference #2

Name: _____ Email: _____

Do you believe the applicant would be a good candidate for the Junior Police Academy program? Yes () No ()

Brief explanation of your answer: _____

Reference #3

Name: _____ Email: _____

Do you believe the applicant would be a good candidate for the Junior Police Academy program? Yes () No ()

Brief explanation of your answer: _____



CELINA POLICE DEPARTMENT

RELEASE OF LIABILITY WAIVER

I, _____, hereby authorize my son/daughter to participate in the Celina Police Department Junior Police Academy. The academy will take place Summer of 2022.

I, _____, also give my permission for my son/daughter to be transported to and from scheduled and specified events by vehicles owned and operated by the City of Celina.

I, _____, along with my son/daughter, fully understand that participation and transportation during the Celina Police Department Junior Police Academy could result in bodily injury, serious bodily injury, illness or death. Although I fully appreciate these risks, I desire my child to participate in the Celina Police Department Junior Police Academy without regard of the consequences. I, the undersigned, assume full and complete responsibility for any accident, injury or illness and/or activity that may occur to my child as a result of their participation. I agree to and hereby release, hold harmless, and waive all claims that I, or my child may have against the Celina Police Department, City of Celina, Celina Independent School District, or any of its employees, agents, sponsors, representatives, or volunteers from all legal injury, illness or death and/or activities arising from or connected in any manner to my child's participation in the Celina Police Department Junior Police Academy, including but not limited to liability, damages, legal fees and/or costs caused by or related to the negligence or the intentional act of the Celina Police Department, City of Celina, Celina Independent School District, or anyone of its employees, agents, sponsors, representatives, or volunteers in whole or in part. This release shall be binding on my heirs, legatees, administrators, and assigns.

Parent/Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



CELINA POLICE DEPARTMENT

PHOTO AND VIDEO RELEASE

I, _____, hereby grant the Celina Police Department and the City of Celina permission to use my minor child’s likeness, voice, photograph and words in any form for promotional activities without payment or consideration.

I, _____, hereby grant the Celina Police Department and the City of Celina permission to use, edit, alter or copy my minor child’s photographs in any and all publications, including web sites, without payment or any other compensation.

I, _____, hereby grant the Celina Police Department and the City of Celina all rights to release any photos taken of my child to the media.

Parent/Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

MEDICAL RELEASE

I understand that in case of serious injury or illness, I will be notified as soon as possible. If it is impossible to reach me in a timely manner, I hereby give/grant my permission for emergency medical treatment as recommended by the attending physician for my minor child.

Parent/Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

INSTRUCTIONAL INFORMATION AND TOOLS RELEASE

During the course of instructions, the students will have the opportunity to utilize replica or facsimile weapons. These mock weapons will be similar in size and weight to an actual weapon but, are completely inoperable and incapable of firing a projectile.

During the course of instruction, the student may be exposed to real images of crime scene investigations that some might find disturbing. They will be used in an instructional manner with no intent to shock or harm anyone. They are designed to allow the student to understand the nature of police work.

Parent/Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



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ACKNOWLEDGEMENT OF RULES AND EXPECTATIONS

- 1) Cadets MUST be available to attend all four days of the academy.
- 2) Cadets will arrive on time for instruction each day, no earlier than 15 minutes before the start time. A parent or guardian will return to pick up the cadet no later than 15 minutes after the day of instruction has been completed. The class advisor should be contacted as soon as possible if there are any delays. Contact information for the class advisor will be provided on the first day.
- 3) Cadets will receive an academy t-shirt on the first day of instruction. Cadets are expected to wear the academy t-shirt each day with appropriate pants and shoes. Refer to school dress code rules if there is a question as to what is appropriate attire.
- 4) Cadets will be expected to participate in all academy activities, unless there is a legitimate need for the student to abstain. Instructors should be given notice of cadet's physical limitations prior to the start of the academy and any medical condition should be listed on their application.
- 5) Cadets will be expected to maintain a mature and respectful attitude towards classmates and instructors.
- 6) Poor behavior will not be tolerated. Each cadet should be aware that they are representing not only themselves, but their families and the Celina Police Department, while participating in the academy.
- 7) Cadets are expected to keep up with their personal belongings and should limit what they bring to class. Drawstring bags and backpacks are allowed. Any materials necessary to complete the academy will be provided.
- 8) Cell phones, along with any other electronic devices, will NOT be allowed to be out during time of instruction. Cadets will be able to use the devices on breaks only.

Violations of the rules and expectations may result in the cadet's removal from the class for the day. Subsequent violations may result in expulsion from the academy.

Parent/Guardian Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____