

# 2012 Black Youth Career Police Academy



**APPLICATIONS DUE AUGUST 10TH, 2012. Space is limited.**

**CHILD'S INFORMATION**—Please use a separate form for each child.

Child's Name (First, Middle, Last)			Date of Birth			Gender		
Address			City/ State			Zip		
School Attending in Fall			School District			Grade in Fall		
Parent/Guardian			Parent/Guardian					
Address			Address					
City/State/Zip			City/State/Zip					
Home Phone	Cell Phone	Alternate Phone	Home Phone	Cell Phone	Alternate Phone			
Email Address			Email Address					
Preferred Contact: Mail _____ Email _____			Preferred Contact: Mail _____ Email _____					

## EMERGENCY CONTACT/HEALTH INFORMATION

Does your child require any accommodations to participate in this activity? **Yes / No (circle one)**

Does your child have any health restrictions that may restrict their activities or require quick medical attention at the Youth Police Academy? **Yes / No (circle one)**

If you indicated "Yes" to either question above, please describe any special care instructions (ex. food allergies) or other information that may be needed by staff.

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Emergency Contact Person	Relationship	Phone
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Emergency Contact Person	Relationship	Phone
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I certify that my child is up to date on all immunizations. \_\_\_\_\_ **(please initial)**

In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in an emergency, all attempts to contact the emergency contact and myself will be made. \_\_\_\_\_ **(please initial)**

- Police Officers and volunteers are not authorized to administer any medications.
- If your child has special needs outside the scope and training of our staff and volunteers, please provide treatment instructions.
- Emergency contacts must be at least 18 years old and available during program hours.

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## PHOTOGRAPHS/INFORMATION RELEASE AUTHORIZATION

I grant permission to the participating Law Enforcement Agencies and Boys and Girls Club to allow any media coverage (photographs, video, etc.) of my child \_\_\_\_\_ while s/he participates in the Youth Police Academy. I understand that this media and any identification information may be published in a local newspaper or used by the participating Law Enforcement Agencies and Boys and Girls Club for publicity purposes and I authorize that use.

Parent/Guardian Signature	Date
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**RELEASE OF LIABILITY/INDEMNITY**

I, parent/guardian of \_\_\_\_\_, do hereby release participating Law Enforcement Agencies and Boys and Girls Club, to include their officers, volunteers, and employees, from any liability due to damages or injuries related to my child's participation in the Youth Police Academy.

I HAVE READ AND FULLY UNDERSTAND THIS RELEASE OF LIABILITY/INDEMNITY.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please only submit COMPLETED registration, which may be sent or delivered to any of the addresses below.

Madison—Central District  
211 S Carroll St  
Madison, WI 53703  
608-266-4316

Madison—South District  
825 Hughes Pl  
Madison, WI 53713  
608-266-5938

Madison—East District  
809 S Thompson Dr  
Madison, WI 53716  
608-266-4887

Madison—West District  
1710 McKenna Blvd  
Madison, WI 53711  
608-243-0500

Madison—North District  
2033 Londonderry Dr  
Madison, WI 53704  
608-243-5258

Fitchburg PD  
5520 Lacy Rd  
Fitchburg, WI 53711  
608-270-4300

Boys and Girls Club—South  
2001 Taft St  
Madison, WI 53713  
608-257-2606

Boys and Girls Club—West  
4619 Jenewein Rd  
Fitchburg, WI 53711  
608-204-9722

**ANY QUESTIONS/CONCERNS CONTACT:**

Officer Corey Saffold  
[csaffold@cityofmadison.com](mailto:csaffold@cityofmadison.com)  
608-220-7876

Sgt. Lori Chalecki  
[lchalecki@cityofmadison.com](mailto:lchalecki@cityofmadison.com)  
608-219-2506