

# PADUCAH POLICE DEPARTMENT

## Junior Citizens' Police Academy Application



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Email Address: \_\_\_\_\_  
School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_  
T-Shirt Size: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Address if Different: \_\_\_\_\_  
Parent's Phone Number if Different: \_\_\_\_\_  
Parent's Email Address: \_\_\_\_\_

**Statement of Activities:** The Junior CPA is intended to introduce young people to policing. Our program will include classroom lecture and hands-on learning opportunities including, but not limited to, patrol tactics, investigations, and crime scene processing. Other activities include an introduction to the types of firearms and other weapons used by police. (Students will not be allowed to shoot actual firearms.) However, they may be offered the opportunity to use simulated training aids, such as a video-based firearms training and Simguns™, which are paintball guns used in police training. Lunch will be provided each day, as well as snacks and drinks. Some of these activities will be conducted outdoors and others require some light lifting. Safety equipment will be provided where necessary and all activities will be supervised.

**Participant & Parental Acknowledgements:** As a participant in the Paducah Police Department's Junior Citizens' Police Academy, I acknowledge that I am expected to behave appropriately. Excessive horseplay, inattention, 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 the expressed permission of the Chief of Police. 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 CPA activities except as noted on page two of 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 at the discretion of the Chief of Police. As parent/guardian hereby give permission to the Paducah Police to transport my child to/from any of the activities; 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 Junior CPA programs or other reports.

**Parental Waiver:** I recognize that the activity for which I am registering my child/participant 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 City of Paducah Police Department and all volunteers and event staff members for any and all injuries suffered by my child/participant while participating in this activity. I further understand that any and all medical costs related to any injuries will be the responsibility of myself or my family's own medical insurance company. I also agree to hold harmless the City of Paducah Police Department and all volunteers and events staff members for any damages to my personal property related to my child's/participant's participation in this activity.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# PADUCAH POLICE DEPARTMENT

## Junior Citizens' Police Academy Application Page 2



Participant's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

**Special Needs/ Limitations:** After reviewing the Statement of Activities, answer the following:

1. Please list any limitations that would prevent your child from participating in the stated activities, or restrictions you would like us to follow. If none, please write "None".

\_\_\_\_\_

2. Does your child require any medications on a daily or emergent basis? YES \_\_\_\_ NO \_\_\_\_

If yes, please explain:

\_\_\_\_\_

3. Does your child suffer from any medical conditions, including allergies? YES \_\_\_\_ NO \_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

4. Please list any other special needs that the staff of the Junior COP should be aware of?

\_\_\_\_\_

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

\_\_\_\_\_  
Date