



# Johnson City Police Department Junior Police Academy Application

**\*\*Academy Dates: July 11-15, 2016**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Phone Number W/Area Code:** \_\_\_\_\_

**Parent/Guardian's Name(s):** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Emergency Contact Number W/Area Code:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**Last Grade Completed:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Any Allergies:** \_\_\_\_\_

**Medications (prescription/non-prescription):** \_\_\_\_\_

\_\_\_\_\_

**Medical/Psychological Diagnosis:** \_\_\_\_\_

\_\_\_\_\_

**Explain why you want to attend the JPA?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What do you hope to learn from the JPA?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Adult T-shirt Size: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Additional Info.: \_\_\_\_\_  
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**\*\*\*Please return to the Johnson City**  
**Police Dept.'s records division for**  
**Officer Burkey**



# Johnson City Police Department Junior Police Academy

## Release of Liability

I(We), \_\_\_\_\_, being the parents of \_\_\_\_\_, having enrolled in a course of instruction for police work and patrol tactics, and being fully made aware of the risk of injury and death, hereby save and hold harmless, the City of Johnson City, the Johnson City Police Department, all instructors associated with and any and all Facility/Training grounds, as well as their agents or employees from any and all causes of action, suits, debts, damages, judgments and demands whatsoever which I(We) may have from my(our) child's (children's) participation in the Johnson City Police Department's Junior Police Academy. I(We) further acknowledge that neither the Instructors, their corporation, their police agencies, their cities, nor the Johnson City Police Department, nor other Facility/Training grounds, will be held responsible for any injuries or death that I(We) may have that are caused by negligence of the persons or entities listed above during my participation in this program of instruction.

I (We) affirm that my (our) child (children) is in good physical condition and do not suffer from any disabilities that would prevent, or limit their participation in this program.

Furthermore, I (We) freely and acknowledge any and all risks known or unknown that are inherent to being a participant in this program.

Participant's Parents' Name(s) (Please Print) : \_\_\_\_\_

Participant's Parents' Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Parents' Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Witness's name (Please print) : \_\_\_\_\_

Witness's Signature; \_\_\_\_\_ Date: \_\_\_\_\_