



NAPERVILLE POLICE DEPARTMENT YOUTH ACADEMY PROGRAM APPLICATION, RELEASE, AND WAIVER



APPLICATION

APPLICANT INFORMATION

Student Name: Last: _____ First: _____ MI: _____

Date of Birth: _____ High School Name: _____ Grade: _____

Email Address: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Father's Name: _____

Home Address: _____

Phone No: _____ Contact Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Phone No: _____ Alternate Phone No: _____

HEALTH INFORMATION

Doctor's Name: _____ Phone Number: _____

Does Student take any medications? Yes No

If yes, which ones: _____

Will Student be taking any medication during the program? Yes No

If yes, which ones: _____

Insurance policy and number: _____

Any special circumstances or medical issues: _____

I give my consent for my child to participate in the Naperville Youth Academy Program an all activities as planned unless advised prior in writing. I give the Naperville Youth Academy Staff permission to use any images of my child while participating in this program. Should it be deemed necessary, I give permission for a representative of the Naperville Police Department to transport my child to the Nearest hospital for treatment in case of an emergency. I understand that I will be notified if a medical emergency should arise.

Signature of Parent/Guardian

Date

**NAPERVILLE POLICE DEPARTMENT YOUTH ACADEMY PROGRAM
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RELEASE AND WAIVER

In consideration of participating in the Naperville Police Department Youth Academy Program, I, the undersigned parent/guardian of the participant, do hereby for child, myself, my heirs, executors and administrators, assume all risks associated with participation in the Program and waive all future claims I may have arising there from for myself and my child, including but not limited to financial loss, property damage, physical, emotional and psychological trauma and injury, death, and any other damages. I do hereby release, waive, discharge, covenant not to sue, agree to hold harmless, and indemnify the City of Naperville, it's officials and any other employee or agent from any and all liability whatsoever for any said injuries, accidents and/or damages caused by or incurred as a result my child's voluntary participation in this police program and/or being in accompaniment of a Naperville Police Officer or other employees or agents of the City of Naperville. I understand that my child may be released from the Program at any time for any reason and that I am fully responsible for the consequences of my child's actions and the Naperville Police Department nor the City of Naperville assumes any responsibility for my child's actions. I am signing on behalf of my child and agree to be bound by the terms of this Agreement.

The undersigned has carefully read and fully understands this waiver and assumption of risks and intends that this agreement be as broad and inclusive as permitted by the laws of the State of Illinois. The undersigned affirms that this waiver has been entered into voluntarily and is binding upon the undersigned and his/her heirs, successors, executors and/or administrators.

Participant's Signature: _____ Date: _____

If the participant is less than 18 years old:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

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RESTRICTIONS PERTAINING TO THE PROGRAM

A participant shall not use still or video cameras or other recording devices, including audio, during the program nor post anything on social media.

I have read and understand the restrictions listed above and agree to abide by them during the training.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return this completed application (all three pages) to:

Naperville Police Department

Sgt. Jonathan Pope

popej@naperville.il.us or

Naperville Police Department, 1350 Aurora Ave., Naperville, IL 60540

When your application has been approved, you will be contacted. Please understand that, depending upon certain circumstances, this program may be cancelled at any time including while it is occurring.

Police Department Use Only

Program: APPROVED / DENIED Scheduled: Date: _____ Time: _____

By: _____ / _____ Date: _____

Supervisor/ID

Program: Completed: _____ Cancelled: _____ Child did not participate: _____