

ROCKFORD YOUTH POLICE ACADEMY

Emergency Authorization For:

Juvenile's name

I hereby give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to above named child if needed. This form may be photocopied for use during the program.

Signature of Parent/Guardian

Date

Waiver of Civil Liability

Youth Police Academy

I hereby waive any and all claims and demands of whatever nature which I have or may hereafter acquire against the City of Rockford, the Youth Police Academy, its officers and agents, as a result of my permission for my child's participation in the Youth Police Academy on the date and time specified: between the hours of 12:00 p.m. and 8 p.m. from July 21- 25th, 2014. I further agree that my child will comply with all rules of the program and any instructions or orders issued by the program coordinators in connection with the program. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part and my child.

Parent/Guardian's Name (Please Print)

Signature

Date Signed