ROCKFORD YOUTH POLICE ACADEMY

DATE: August 8th – August 12th, 2016 (Monday – Friday)

TIMES: Monday, Wednesday, and Thursday – 1200 pm – 4:00 pm

Tuesday - 10:00 AM – 4:00 PM

Friday – 1200 PM – 3:00 PM (BRING YOUR FAMILY)

LOCATION: RESA Middle School
1800 Ogilby Rd.
Rockford, IL 61102

AGE: 13 – 17 years old

COST: **FREE!**

FOOD: **DINNER AND SNACKS PROVIDED!**

QUALIFICATIONS: An interest in learning about law enforcement in the community, an interest in learning how to be an asset to your neighborhood, willingness to learn, a positive attitude, and a desire to have fun!

This Academy is designed to introduce students to the law enforcement community in a variety of fun, interesting, and civic minded ways. "Youth Cadets" will learn from and participate in various demonstrations of law enforcement units, designed to enhance student understanding of the law enforcement role in Public Safety. If you have any questions, please contact **Officer Nathan Kohanyi at (815) 494-2224 or Officer Rob Washo at (815) 494-3865.**

RESA 2

ROCKFORD YOUTH POLICE ACADEMY

Please print clearly and fully complete the form. When completed, sign and date the form and drop if off at the Rockford Police Department or mail to:

Officer Nathan Kohanyi
Rockford Police Dept.
420 W. State St.
Rockford, IL 61101

OR

Officer Rob Washo
Rockford Police Dept.
420 W. State St.
Rockford, IL 61101

You will be notified by phone or e-mail upon your acceptance into the program. Class size is limited, so return this application as soon as possible. Thank you!

Name (Last, First, Middle):_____

Parent/Guardian's Name:_____

Address:_____

Telephone:_____E-mail address:_____

Date of birth/**Age:**_____M/F:_____Shirt size:_____

School:_____Grade:_____ List any food allergies:_____

ALTERNATE EMERGENCY CONTACT:(Other than parent information listed above):

NAME:_____RELATIONSHIP_____

ADDRESS:_____PHONE:_____CELL:_____

Do you have any physical disabilities for which we may have to make accommodations? _____If so, please tell us what accommodations are needed:

_____

_____

Have you ever been arrested for anything other than traffic violations:_____

If so, please explain:

_____

_____

As a requirement for the Youth Police Academy, the police department may perform a criminal history check on all applicants that are initially selected to participate in the program. All records are kept confidential.

I hereby authorize the Rockford Police Department to search the files of the national and local criminal record database for any criminal history record.

Parent's Signature

_____

Student's Signature

_____

Date

_____

The Rockford Youth Police Academy is sponsored by:

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:

- August 8th, August 10th and August 11th between the hours of 12:00 p.m. and 4 p.m.
- August 9th between the hours of 10:00 a.m. and 4:00 p.m.
- August 12th between 12:00 p.m. and 3:00 p.m.

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

ROCKFORD YOUTH POLICE

ACADEMY

RULES AND REGULATIONS

1. Each participant must complete an application and have a parent/guardian sign a parental permission authorization. Applications will be reviewed for approval of attendance.
2. Except for sickness, emergencies and pre-approved absences, participants should not be absent from any of the training sessions. Absences from more than two sessions will prevent a participant from graduation.
3. Participants are expected to dress **appropriately**. Academy shirt is to be clean and worn on field trips and for the graduation ceremony. Sagging pants, short shorts, and tank tops/spaghetti strapped tops are not allowed.
4. Participants shall not be armed at any time during the academy. This includes pepper spray, handguns, knives, pocketknives, or any item which can be construed as a weapon. Any violation of this rule could result in immediate dismissal from the academy.
5. Participants are to be **polite** and **respectful** of all instructors, police officers, other adults and students during the academy. Raise your hand if you want to speak. Foul language and poor behavior will **not** be tolerated.
6. It is important that class start on time and there are as few disruptions as possible, therefore, any student more than 10 minutes late may be dismissed from attending that session by the instructor (at the option of each individual instructor).

I certify that I understand the requirements of participating in this program.

_____ _____

Student's Signature Date

_____ _____

Parent's/Guardian's Signature Date