

2018

YOUTH POLICE ACADEMY



APPLICATION PACKET

Instructions for applicants and parents:

- Review the REQUIREMENTS AND EXPECTATIONS FOR CADETS together.
- If the program still interests you and you are willing to put forth the effort required, complete both pages of the application.
- Be sure to fill out all sections and make sure they are signed by the correct party.
- Drop off your application at your municipal building by February 15, 2018.
 - Applications can also be mailed to Lansdowne Police Department, 12 East Baltimore Avenue, Lansdowne, PA 19050 or
 - E-mailed to lalbertoli@lansdowneborough.com

PERMISSION OF PARENT OR GUARDIAN:

(Please print your full name) I, _____ am the Parent/Guardian of
(Please print child's full name) _____ (hereinafter referred to as
the CHILD). I am over eighteen (18) years of age and reside at (Print your address) _____

I hereby give my permission and authorize my CHILD to participate in the Youth Police Academy, which may include classroom instruction, field trips, recreational events and physical activities. In consideration of my CHILD's opportunity to participate in the Youth Police Academy, I hereby release and forever discharge and shall hold harmless and indemnify the Aldan, Clifton Heights, East Lansdowne, Lansdowne and Yeadon Borough Police Departments, the Boroughs of Aldan, Clifton Heights, East Lansdowne, Lansdowne and Yeadon and their agents, servants and employees (collectively hereinafter referred to as the BOROUGH) from all actions, causes of actions, suits, debts, sums of money, accounts, damages, judgments, claims and demands whatsoever which I or my CHILD, or our heirs, executors, administrators, successors and assigns may have now or in the future against the BOROUGH which may arise out of my Child's participation in the Youth Police Academy including, but not limited to the aforementioned activities and any acts related thereto.

Parent / Guardian You MUST Sign Your Name in Ink on the Line Below (Application will not be accepted if not accompanied by Parent/Guardian signature)

Please sign in ink _____ Print name: _____

Parent's email address: _____ Phone number: _____

CERTIFICATION AND RELEASE OF INFORMATION AND PHOTO:

I certify that all statements made on this application are true to the best of my knowledge and are made in good faith. I understand that I may not be considered for the Youth Academy if it is found that the information on this application is false. I can supply information that will prove entries on this application are true. I understand that a strict code of conduct will be adhered to while attending the Southeastern Delaware County Regional Youth Police Academy.

I hereby authorize any representative of the Borough Police Department bearing this release to obtain information pertaining to my personal background including, but not limited to academic and athletic achievement, attendance, and any other records that may be requested by such employee.

This release is executed with the full knowledge and understanding that the information is for the official and confidential use of the Southeastern Delaware County Regional Youth Police Academy.

The undersigned give permission to the Regional Southeastern Delaware County Youth Police Academy for the use and display of his/her or their child's photograph in publications, displays, websites and advertisements.

The undersigned releases and forever discharges any and all claims and demands arising out of or in connection with the use of said photographs and images.

Parent/Guardian Signature _____

Applicant/Youth Signature _____

Date _____