

#BeKCPD

Kansas City, Missouri Police Department

#BeKCPD

Youth Academy Application

Location you would like to attend _____

Name: _____
Last First MI

Address: _____
(Street/City/State/Zip Code)

Home/Cell Phone: _____ E-mail: _____

Date of Birth: _____ Age: _____ Sex: _____ T-Shirt Size: _____

Parent(s)/Guardian(s): _____

Mom Work Phone: _____ Mom Cell Phone: _____

Dad Work Phone: _____ Dad Cell Phone: _____

****Relative(s) to notify in case of an emergency/if a parent is unavailable ****

1. Name: _____ Relationship: _____

Address: _____
(Street/City/State/Zip Code)

Home/Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____
(Street/City/State/Zip Code)

Home/Cell Phone: _____

I hereby waive and release any and all rights and claims for damages I may have against any and all individuals associated with the Kansas City, Missouri Police Department (KCPD), Youth Academy, and the City of Kansas City, Missouri while my child attends The KCPD Youth Academy for any and all injuries suffered by him/her at said Academy. I attest and verify that my child is physically fit and able to attend the KCPD Youth Academy.

Parent(s) Signature: _____ Date: _____

I understand that the Kansas City, Missouri Police Department (KCPD) Youth Academy may accept my child to attend their Academy on the basis that I/WE have agreed to assume all risks arising from the participation in said Academy. I/WE, the **Parent/Guardian of** _____, consent to his/her participation in this program and assume all risks and claims of damage of any nature or kind which my child could receive by reason of accident or injury while attending the Academy. The Academy staff and/or local hospital have my permission to treat the above child in the event of an emergency.

I/WE support the policies, regulations, and aims of the activities of the KCPD Youth Academy/City of Kansas City, Missouri. I will talk to my child prior to attending the Academy and encourage them to take part in all activities, and to cooperate with the Academy staff and guest speakers.

I/WE also understand that if my child's behavior violates any of the Academy's rules or intimidates other cadets, the KCPD Academy reserves the right to dismiss said child.

I/WE also understand that transportation to and from the academy is my responsibility.

Printed Name of Applicant: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

PHOTO / VIDEO RELEASE

For, and in consideration of, a copy of the photograph used the undersigned, with intent to be legally bound, does hereby consent to the use and appropriation of his/her likeness in any **Kansas City, Missouri Police Department (KCPD)/City of Kansas City, Missouri** broadcast, publication, demonstration, or display of photographs and or video/film recording of **The KCPD/KCPD Youth Academy/and the City of Kansas City, Missouri**. The undersigned recognizes that his/her likeness may be used in publications, periodicals, advertisements, promotional materials, commercials, or video presentations for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by **the KCPD/City of Kansas City, Missouri** to ensure confidentiality, I knowing, intentionally and voluntarily, and for my heirs and administrators and assigns, do Generally Release **KCPD and the city Kansas City, Missouri**, its directors, officers, agents, employees, and members from any or all liability of every nature for the use or appropriation of my name or likeness. I further waive any and all claims or causes of action or claims including, but not to be limited to, defamation, false-light privacy invasion of privacy, commercial misappropriation, and disclosure of private facts. I hereby state that I understand the content and effect of the Release and intending to be legally bound hereby, sign.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Printed Name of Applicant: _____

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