



TEEN POLICE ACADEMY

JULY 15–19, 2019

A one-week program to explore careers in law enforcement. Classes will be held Monday through Friday, July 15–19, from 8:30 a.m. to 12:30 p.m. Participants are expected to attend all classes.

Arrival / pick up daily at Renton High School 400 S 2nd St, Renton

Eligibility: The program is free of charge and open to students from the Renton area who are enrolled in high school. Students must provide their own transportation to and from Renton High School.

Graduation: The culmination of the program will be a graduation ceremony on the last session Friday, July 19. Parent/Guardian(s), family and friends are highly encouraged to attend. More details will be provided.

Applications must be submitted by June 1, 2019

Applications can be given to the School Resource Officers at your given school:

Officer T. Cumming - Lindbergh High School

Officer R. McGruder - Hazen High School

Officer T. Kerkhoff - Renton High School

CITY OF RENTON
POLICE DEPARTMENT



TEEN POLICE ACADEMY APPLICATION FORM

PLEASE PRINT: Please submit completed application by June 1, 2019

FOR SRO ONLY _____ (Date and time of submission to SRO)

Name: _____
(Last) (First) (Middle)

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

E-mail address _____ Cell Phone _____

Driver's license # _____ State _____

Date of birth _____ Gender _____ Age _____

Name of school attended by participant: _____ Current grade _____

T-shirt size (sizes will be in men's sizes): _____

Name of Parent / Guardian: _____

Home/Cell Phone: _____ Work Phone: _____

Email address: _____

Emergency Contact Name: _____

Home/Cell Phone: _____ Work Phone: _____

Family Physician Name: _____

Phone Number: _____ ADA accommodations needed: Yes / No

Health Insurance Provider: _____ Policy Number: _____

Does your child take any medications on a daily basis? Yes/No
If yes, please provide additional information on the medical history form.

Does your child have any allergies? Yes/No
If yes, please provide additional information on the medical history form.

Participant Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____



APPROVAL & AGREEMENTS

PLEASE READ CAREFULLY

1. **Participation Authorization:** I hereby grant permission for the child named on this form to participate in any or all of the programs sponsored by the Teen Police Academy. I understand that my child may be transported to other sites for additional activities during the course of their participation in the program and I agree to hold harmless the City of Renton, its employees and volunteers for injuries or damages resulting from my child's participation.

2. **Emergency Treatment:** Employees of the City of Renton participating in the Teen Police Academy have permission, in the event that I cannot be reached in an emergency, at my expense to (1) contact our family physician, or (2) use the most convenient rescue squad, vehicle, or ambulance to transport my child to the nearest hospital.

3. **Photographs:** By signing this form, I give permission for my child/myself to be photographed and /or videotaped by the City of Renton and public media, unless a separate request not to be photographed is submitted. I understand that the photograph/video will be used to promote the Teen Police Academy and I give permission for that use.

4. **Rules of Conduct:** I understand my child must comply with the rules defined by staff and maintain self-control and act responsibly while participating in the program.

5. **Liability Waiver:** In consideration of the Police Department of the City of Renton, Washington (hereinafter "Police Department") granting my child permission to attend the Teen Police Academy, I hereby waive any and all risks and liability for damages, losses, personal injuries, or death which my child might suffer, sustain, or cause while participating in the Teen Police Academy. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the City or Renton, the Police Department, officers, agents, or employees as a result of my child's voluntary participation in the Teen Police Academy, and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees, and costs incurred in defending said demand or claim.

I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part. I also understand that as part of the application process my child's criminal history and DOL record will be checked by the City of Renton Police Department, and, hereby, authorize that inquiry.

6. **Approval:** I have read and understand the terms of this participation Approval and Agreements and by my signature agree to its terms.

Participant Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____

CITY OF RENTON
POLICE DEPARTMENT



PARTICIPANT RULES

PLEASE READ CAREFULLY

1. Each participant must complete an application and have a parent/guardian sign the parental permission authorization below.
 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 may prevent a participant from graduating.
 3. Participants are expected to dress in appropriate attire. No shorts or tank tops are permitted. Jeans are permitted as long as they are clean, have no holes, cuts, etc. T-shirts are permitted as long as they are clean, no holes, tears, cuts and if they are imprinted, the imprint must be in good taste. Any t-shirt with foul language, in poor shape or is offensive in any manner will not be allowed. The instructors reserve the right to request the student leave the classroom. The student may change and return that day if possible.
 4. Participants shall not be armed at any time during the academy. This includes pepper spray, handguns, knives, pocketknives, any item which can be construed as a weapon. Any violation of this rule could result in immediate dismissal from the academy.
 5. Participants shall be polite and respectful of all instructors, police officers, other adults and students during class.
 6. It is important that class start on time and there are as few disruptions as possible. Participants are expected to arrive on time.
 7. Gang symbols, paraphernalia (such as bandanas, beads, etc.) will not be tolerated. Displaying gang signs or symbols will result in the student being asked to immediately leave the program.
- Failure to follow these rules may result in your removal from the program.
- I certify that I understand the requirements of participating in this program.

Participant Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____

List your name as you wish it to appear on your certificate:

Please print



HEALTH AND EMERGENCY CARE FORM

Participant's Name: _____ Contact Phone: _____

Important – The following must be completed for attendance.

The following questions are in regards to the participant. The below information will only be given to an EMT, paramedic or health care professional providing treatment. The form will also be given to a doctor if an emergency room visit is recommended. Parents/Guardians will be contacted as soon as possible.

Please fill out the following questionnaire to the best of your knowledge and explain any medical conditions that your child may have, in full detail.

Has your child had any recent injury, illness, infectious disease or have any physical limitations which could interfere with participation in the Teen Academy? Yes / No

If yes, explain: _____

Has your child been hospitalized and/or had any surgeries within the past 12 months? Yes / No

If yes, explain: _____

Does your child have a history of: (Please circle Yes / No)

Asthma: Yes / No

Diabetes: Yes / No

Headaches: Yes / No

Heart Trouble: Yes / No

Ear Infections: Yes / No

Difficulty w/Digestion: Yes / No

Fainting Spells: Yes / No

Convulsions / Seizures: Yes / No

If YES, to any of the above, please explain: _____

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HEALTH AND EMERGENCY CARE FORM *continued...*

Participant's Name: _____ **Contact Phone:** _____

Allergies:

Is your child allergic to any medications? Yes / No

If yes, please list medication and describe the reaction: _____

Is your child allergic to any foods? Yes / No

If yes, please list foods and describe the reaction: _____

Does your child have any special dietary needs? Yes / No

If yes, please explain: _____

Shots:

Does your child have their vaccinations on record at the school where they attend? Yes / No

Please provide the date of the last Tetanus Shot (DPT or DT or DTaP): _____

Other Conditions:

Please provide any additional information about the participant's behavior, physical, emotional, or mental health about which the department should be aware: _____

Is your child on any medications that need to be taken during program hours?

(8:30 a.m. – 12:30 p.m.) Yes / No

If yes – please list the medication name and the time the medicine is to be taken:

Please Note Most medications require special certification to administer and may not be allowed.