The Suffolk County Police Department
Youth Police Academy
Application and Emergency Contact Form

Suffolk County Youth Bureau
P.O. Box 6100 Hauppauge, NY 11788
Youth.services@suffolkcountyny.gov
631-853-8270

Student Name: _____ Date of Birth: _____ Age: _____

Address: _____

Phone # _____ Cell # _____ School Name: _____

Family Physician's Name: _____ Phone # _____

Please list any medical conditions, medications and/or allergies that your child may have: _____

_____

Emergency contact name:	Address:	Phone #:	Relationship:
(1)			
(2)			

During the weeklong session that your child will be enrolled in the Suffolk County Police Department Youth Academy he/she may have the opportunity to visit various Suffolk County Police facility locations or field trips, including a PAL fishing trip on a charter fishing boat from the Captree Boat Basin.

Please complete the section below authorizing your child to participate in these exciting and rewarding excursions.

I, _____, hereby authorize my
Parent's/Guardian's Name (Please Print)

child _____ to attend the above field trips.
Student's name (Please Print)

_____ _____
Parent's/guardian's Signature Date

Please select one of the following options:

Session 1: Aug 4 to Aug 8 ☐ **Session 2:** Aug 11 to Aug 15 ☐

Tee-shirt Size (adult) – Circle one	**S**	**M**	**L**	**XL**
Shorts (adult) – Circle one	**S**	**M**	**L**	**XL**

Suffolk County Police Academy Youth Camp

Liability Waiver

Name of child participating in SUFFOLK COUNTY YOUTH POLICE CAMP:

Name:_____ Age:_____ Male Female

I, the undersigned parent or legal guardian of the child listed above, do certify that the child is in good health and is able to participate in the Suffolk County Youth Police Camp Program. I understand that no health, and/or accident insurance are provided for the child and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

In consideration for your accepting the child in the program, I the undersigned parent or legal guardian of the child for myself and the child, as well as our heirs, executors, administrators and assigns forever release and discharge County of Suffolk, the Suffolk County Police Department, Police Department Officers and its appointed and elected officials, employees, agents, volunteers and other representatives and their heirs, executors, administrators and assigns from any and all claims, causes of action, suits, debts or damages arising from any and all injuries sustained by the child as a result of the Suffolk County YOUTH POLICE Program and all of its related activities.

Furthermore, I the undersigned parent or legal guardian of the child do hereby agree to indemnify, hold harmless and defend the County of Suffolk, the Suffolk County Police Department and its appointed and elected officials, employees, agents, volunteer and other representatives and their heirs, executors, administrators and assigns for any and all injuries and property damages sustained by others by reason of the conduct of the child during the SUFFOLK COUNTY YOUTH POLICE CAMP Program including court costs and attorney fees.

I agree that the County of Suffolk, the SUFFOLK COUNTY POLICE DEPARTMENT shall have the right at their discretion to enforce established rules of conduct and/or terminate the child's participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group in its program as a whole. I also permit photographs and video of the above named minor child to be taken and used for display, publication, advertising, for use in any televised production or for any other purpose. I understand that documentary films may be made in which the above named child could appear and agree not to require compensation of any kind.

I hereby grant the County of Suffolk, the Suffolk County Police Department and its appointed and elected officials, employees, agents, volunteers and other representatives full authority to take whatever action they consider warranted regarding the health and safety of the child, and fully
release them from any liability for such actions taken on my behalf.

Parent or Guardian _____ Date:_____2014
Signature

Name Printed_____