



**A Separate and Complete Application MUST Be Submitted for EACH Child**

If more than one of your children is applying to the academy, please check this box   
In addition, please write the first and last names of each child you are registering.

Additional Child: \_\_\_\_\_

Additional Child: \_\_\_\_\_

**Permission of the Parent/Guardian is Mandatory for Applicants**

(Applications will not be accepted if not accompanied by Parent/Guardian name below)

In consideration of, and for the permission and authority of my CHILD to participate in the Youth Police Academy, which includes classroom instruction, field trips, recreational events, sporting events and physical activities, I hereby release and forever discharge and shall hold harmless and indemnify the City of New York Police Department, the City of New York and its agents, servants and employees (collectively hereinafter referred to as the City) from all actions, causes of action, suits, debts, sums of money, accounts, damages, judgments, claims and demands whatsoever which I or my CHILD, or ours heirs, executors, administrators, successors and assigns may have now or in the future against the City arising out of my CHILD's participation in the Youth Police Academy including, but not limited to the aforementioned activities and any acts related thereto. This release may not be changed orally.

Parent/Guardian's First and Last Name : \_\_\_\_\_ Date : \_\_\_\_\_

**Terms & Conditions**

My CHILD agrees to follow the rules of conduct outlined by the Youth Police Academy. Failure to do so may result in suspension from participation. I, the undersigned parent/guardian/participant do here by grant authority to the staff of the Youth Police Academy a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorized the Youth Police Academy and its assigned to utilize any and all photographs, videos or other likeness of my CHILD, as they deem appropriate in its promotional materials or team films. Due to limited services/providers, applicants that have a Department of Education One on One Individualized Educational Plan or physical disabilities that prohibits the CHILD from performing physical training will not be permitted to participate in the program.

Parent/Guardian's First and Last Name : \_\_\_\_\_ Date : \_\_\_\_\_