

SOUTH BEND POLICE  
2015 YOUTH POLICE ACADEMY  
STUDENT APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

SCHOOL \_\_\_\_\_

WORK PLACE: \_\_\_\_\_

DL# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_

Have you ever been arrested or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, please give date occurred, brief description, and police agency involved.)

Was parental liability waiver form signed and attached with application? Yes \_\_\_\_\_ No \_\_\_\_\_

Student verifies that he/she has own transportation to and from the classes. Yes \_\_\_\_\_ No \_\_\_\_\_

Mail to:

SOUTH BEND POLICE DEPARTMENT / Crime Prevention Unit  
701 West Sample St.  
South Bend, IN 46601

**Questions? Call 574-235-9037 / Application deadline Thurs. June 18, 2015**

PLEASE PRINT CLEARLY

YEAR 20\_\_

**SOUTH BEND POLICE DEPARTMENT  
YOUTH POLICE ACADEMY**

**PARTICIPANT EMERGENCY INFORMATION SHEET**

Participant's Name \_\_\_\_\_  
(Last) (First) (MI)

Participant's Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Bus Phone #: \_\_\_\_\_

If parent/guardians cannot be contacted, call:

\_\_\_\_\_  
(Name) (Phone #)

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Known Allergies:  
\_\_\_\_\_

Additional Medical Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)Guardians(s) Signature \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This emergency information sheet will be used throughout the participant's participation in the South Bend Police Youth Academy for the calendar 20\_\_\_. It is the responsibility of the parent/guardian to make sure that the information given is correct and stays updated. Also, you are giving permission to the South Bend Police Department personnel to secure medical aid in the event parents cannot be contacted.

**SOUTH BEND POLICE DEPARTMENT/ YOUTH POLICE ACADEMY  
RELEASE AND WAIVER**

THIS CONSENT AND RELEASE IS MADE AND EXECUTED BY \_\_\_\_\_

(PARENT'S/GUARDIAN'S NAME)FOR AND ON BEHALF OF HIM/HER(PARENT'S/GUARDIAN'S) AND (PARTICIPANT)

WHEREAS, THE PARTICIPANT DESIRES TO PARTICIPATE IN THE SOUTH BEND POLICE DEPARTMENT YOUTH POLICE ACADEMY(Y.P.A.) IN THE CALENDAR YEAR 20\_\_ AND IN CONNECTION, PARTICIPATE IN A NUMBER OF FIELD TRIPS SPONSORED BY THE YOUTH POLICE ACADEMY.

THEREFORE, PARENT(S)/GUARDIAN(S) AGREE AS FOLLOW:

\*PARENT(S)/GUARDIAN(S) CONSENT TO THE PARTICIPATION OF THE PARTICIPANT IN THE YOUTH POLICE ACADEMY FOR THE CALENDAR YEAR 20\_\_.

\* PARENT(S)/GUARDIAN(S) REPRESENT AND DECLARE THAT THEY NOW HAVE, OR WILL SUBSEQUENTLY OBTAIN SUFFICIENT AND SATISFACTORY ACCIDENT AND/OR HOSPITAL COVERAGE FOR THE PAYMENT OF ANY MEDICAL EXPENSES WHICH MAY RESULT FROM ANY INJURIES INCURRED DURING THE PARTICIPATION OF THE PROGRAM.

\*PARENT(S)/GUARDIAN(S) GIVE THEIR CONSENT TO THE SOUTH BEND POLICE DEPARTMENT STAFF TO SECURE AND PROVIDE APPROPRIATE MEDICAL CARE TO THE PARTICIPANT IN EVENT OF A MEDICAL EMERGENCY ARISING OUT OF OR IN CONNECTION WITH THE PARTICIPANT'S PARTICIPATION IN THE PROGRAM FOR THE CALENDAR YEAR 20\_\_.

\*PARENT'S/GUARDIAN(S), FOR THEMSELVES AND FOR THE PARTICIPANT. HEREBY COMPLETELY RELEASE, ACQUIT, AND FOREVER DISCHARGE THE CITY OF SOUTH BEND, IN., SOUTH BEND POLICE DEPARTMENT, ITS OFFICERS AND EMPLOYEES, AND THEIR AGENTS, SERVANTS, SUCCESSORS, HEIRS, EXECUTORS, AND ALL OTHER PERSONS, FIRMS, CORPORATIONS, ASSOCIATIONS, OR PARTNERSHIPS OF ANY DAMAGES, COSTS, CLAIMS, WHICH THE UNDERSIGNED NOW HAS OR WHICH MAY HEREAFTER ARISE FROM ANY AND ALL FORESEEN AND UNFORESEEN BODILY AND PERSONAL INJURIES AND PROPERTY DAMAGES, RESULTANT FROM ANY ACCIDENT, CASUALTY OR EVENT WHICH MAY OCCUR DURING SUCH TIME OR TIMES THAT THE PARTICIPANT MAY BE PARTICIPATING IN THE YOUTH POLICE ACADEMY OR DURING SUCH TIME OR TIMES THAT AN OFFICER OR EMPLOYEE MAY BE CARRYING OUT THEIR DUTIES.

THE PARENT(S)/GUARDIAN(S) FURTHER DECLARES AND REPRESENTS THAT NO PROMISES, INDUCEMENTS OR AGREEMENTS NOT HEREIN EXPRESSED HAD BEEN MADE TO HIM/HER/THEM, THAT THIS RELEASE AND WAIVER CONSTITUTES THE ENTIRE AGREEMENT BETWEEN PARTIES HERETO AND THAT THE TERMS OF THIS RELEASE AND WAIVER ARE CONTRACTUAL AND NOT A MERE RECITAL.

THE UNDERSIGNED HAS READ THE RELEASE & WAIVER AND FULLY UNDERSTANDS IT,

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT(S)/GUARDIAN(S)

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
PRINTED NAME OF PARENT(S)/GUARDIAN(S)

\_\_\_\_\_  
PARTICIPANT'S DATE OF BIRTH

## GENERAL AUTHORIZATION FOR RELEASE AND WAIVER

I hereby authorize any and all schools, current and all previous employers, law enforcement agencies, or any other person or organization to furnish the SOUTH BEND POLICE DEPARTMENT or its designated agent(s), any and all information, opinions, or documents which may be requested; to allow the visual inspection and copy of all reports, photographs, and other documents.

I hereby waive any objection to the release of said information and grant the SOUTH BEND POLICE DEPARTMENT or its said agent(s) any rights I may have to said information. Further I hereby release all of the above, the City of South Bend and its said agent(s) from all liability for any damage whatsoever arising there from.

I hereby authorize for my child (if under 18 years of age) that his/her picture and name can be displayed on a public billboard, used in SOUTH BEND POLICE DEPARTMENT publications, and in electronic media public service announcements recognizing my child as a participant in the SOUTH BEND POLICE DEPARTMENT YOUTH ACADEMY. I further understand that all rights to any photos and materials have been waived by my signature. If submitting student is 18 years or older, please sign below authorizing the same release for public display.

I also authorize investigation of all statements made in my application. I understand that in the event of my acceptance, I shall be subject to non-compliance status if any of the information I have given in this application is false, or if I have failed to give any material information herein requested.

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APPLICANT'S SIGNATURE

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GUARDIAN OR PARENT

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DATE

# South Bend Police

## Academy Rules of Conduct

1. RESPECT EVERYONE AT ALL TIMES
2. NO GANG AFFILIATION
3. NO CUSSING OR SPITTING
4. NO FIGHTING
5. NO RETALIATION
6. NO GUM, NO SMOKING OR DRUGS
7. MUST MAINTAIN A PASSING GRADE IN SCHOOL
8. MUST HAVE PARENT APPROVAL TO PARTICIPATE IN ACADEMY PROGRAM
9. **MUST STAY OUT OF TROUBLE: NO ARRESTS**

**\*IF ANY OF THE ABOVE RULES ARE VIOLATED, THE PARTICIPANT WILL BE SUSPENDED FROM THE PROGRAM AND IMMEDIATELY SENT HOME.**

**Participant**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parents**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_