



**CITY OF BASTROP POLICE DEPARTMENT**  
**JUNIOR POLICE ACADEMY**  
**SUMMER CAMP PROGRAM**

The City of Bastrop Police Department is encouraging young people in our community to participate in an opportunity to experience law enforcement firsthand. The **Junior Police Academy is FREE to students within our community**. Students will learn the basic functions of a working police department as well as have a chance to explore the idea of a possible career in this ever challenging and demanding field. Students will attend classes and engage in practical applications with topics that may include Texas law, patrol procedures, traffic enforcement, and many other areas of law enforcement.

**Each Academy will be Monday thru Thursday, from 8:30 am – 3:00 pm. The Academy location is to be determined.**

Students will have several breaks throughout the day, as needed. The application will include a medical release, and parental consent forms. Academy rules are expected to be followed at all times. Failing to comply with outlined behavior expectations will be cause for removal from the program. Students will be chosen in the order that all paperwork is received and upon successful completion of the entire application. We will provide a mid-morning snack, lunch, and an afternoon snack.

**\*\*\*Please complete, sign, and submit this application packet. Class sizes are limited per session. There is **no cost** to attend this academy.\*\*\***



## APPLICATION

<b><u>Student's Full Name:</u></b>		
<b><u>Gender:</u></b>	<b>M</b>	<b>F</b>
<b><u>Age:</u></b>		
<b><u>Student's Address:</u></b>		
<b><u>Parent's Name:</u></b>		
<b><u>Parent's Contact Number &amp; Email Address:</u></b>		
<b><u>Parent's Address:</u></b>		
<b><u>Emergency Contact &amp; Number:</u></b>		
<b><u>Last School Attended:</u></b>		<b><u>Last Grade Completed:</u></b>
<b><u>How will your child get to and from the Junior Police Academy?</u></b>		
<b><u>Who will be authorized to pick up your child?</u></b>		
<b><u>T-Shirt Size:</u></b>		
<b>Adult Large</b>	<b>Adult Medium</b>	<b>Adult Small</b>
<b>Youth Large</b>	<b>Youth Medium</b>	<b>Youth Small</b>



## RULES OF CONDUCT

- Students will be expected to maintain a mature and respectful attitude towards classmates and instructors.
- Students will adhere to a strict “no touch” policy, much like those of school rules.
- Students are expected to keep up with their personal belongings and should limit what they bring to class (notebooks, lunches, etc.)
- Students may bring Cell phones and/or tablets but these items will not be allowed while class is in session.
- If possible, girls should refrain from bringing purses to class.
- Students will be expected to participate in all class activities (unless student is unable. Instructors should be given notice of student’s physical limitations prior to the start of the academy).

Rules of behavior are strict, to ensure the safety of all participants. We wish for the academy to be a fun and enjoyable experience for all who attend.

***Violations of the rules of behavior may result in removal from the class for the day. Subsequent violations may result in expulsion from the academy.***

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academy Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## MEDICAL INFORMATION

<b><u>Name of Applicant:</u></b>
<b><u>Please list any medical conditions the applicant has (including any FOOD allergies):</u></b>
<b><u>Applicant's Dr. &amp; Contact Number:</u></b>
<b><u>Dr.'s Address:</u></b>
<b>If we see the need to take your child for emergency care, what facility and address are you recommending?</b>

***NOTE: All medical emergencies will be treated as such and will be attended to by the City of Bastrop Police Department as deemed necessary by academy personnel, instructors, or coordinators.***



## PARENTAL RELEASE

I, \_\_\_\_\_, give permission for my child to participate in the City of Bastrop Police Department's Junior Police Academy Summer Camp Program being held on \_\_\_\_\_. I understand that my son / daughter will be attending classes supervised by City of Bastrop Police Department Personnel. I also understand that the supervised classes will consist of both Educational and Practical application material. I have read the rules of conduct and dress code and understand that both must be adhered to.

I hereby give consent for:

- Initials \_\_\_\_\_ 1. My child to participate in field trips.
- Initials \_\_\_\_\_ 2. I give consent for my child to participate in water activities.
- Initials \_\_\_\_\_ 3. I give consent for Bastrop Police Department to apply bug spray / sunscreen to my child if needed.
- Initials \_\_\_\_\_ 4. I authorize consent for my child to be photographed and or video documentation to be taken of my child. Photographs, videos, and interviews may be used to promote or further the Bastrop Police Department's Junior Police Academy Summer Camp Program and may be used in the media.
- Initials \_\_\_\_\_ 5. I give consent for my child to be transported and supervised by City of Bastrop Police Department members or their designated individuals (see waiver below for full details).

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academy Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## RELEASE OF LIABILITY WAIVER

I, \_\_\_\_\_, hereby authorize my son/daughter to participate in the Bastrop Police Department's Junior Police Academy Summer Camp Program. The camp will take place on \_\_\_\_\_.

I, \_\_\_\_\_, also give my permission for my son/daughter to be transported to and from scheduled and specified field trips by the following modes of transportation: 1) Vehicles owned and operated by the City of Bastrop, or 2) BISD transportation, or 3) Gold Star Transportation.

I, \_\_\_\_\_, fully understand and my son/daughter fully understands that participation and transportation during the Bastrop Police Department's Junior Police Academy Summer Camp Program could result in bodily injury, serious bodily injury, illness, or death. Although I fully appreciate these risks, I desire my child to participate in the Bastrop Police Department's Junior Police Summer Camp Program without regard of the consequences.

I, \_\_\_\_\_, the undersigned, assume full and complete responsibility for any accident, injury, or illness and or activity that may occur to my child as a result of their participation. I agree to and hereby release, hold harmless, and waive all claims that I, or my child may have against the Bastrop Police Department, City of Bastrop, Bastrop I.S.D., Bastrop I.S.D. Police Department or Gold Star Transportation, any of its employees, agents, sponsors, representatives, or volunteers from all legal injury, illness or death and or activities arising from or connected in any manner to my child's participation in the Bastrop Police Department's Junior Police Academy Summer Camp Program, including but not limited to liability, damages, legal fees and or costs caused by or related to the negligence or the intentional act of the Bastrop Police Department, City of Bastrop, Bastrop I.S.D., Bastrop I.S.D. Police Department, Gold Star Transportation, or



anyone of its employees, agents, sponsors, representatives, or volunteers in whole or in part. This release shall be binding on my heirs, legatees, administrators, and assigns.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academy Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Emergency Contact Information

### 1. Parent / Legal Guardian #1:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

Authorized pick-up and drop off? \_\_\_\_\_

### 2. Parent / Legal Guardian #2:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

Authorized pick-up and drop off? \_\_\_\_\_

### 3. Emergency Contact:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

Authorized pick-up and drop off? \_\_\_\_\_

### 4. Emergency Contact:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

Authorized pick-up and drop off? \_\_\_\_\_