



## APPLICATION FOR ENROLLMENT

Student Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you committed to attending all of the scheduled classes?    ( )Yes            ( )No

Student shirt size:    ( )Small    ( )Medium    ( )Large    ( )XL    ( )2XL

### STUDENT MEDICAL INFORMATION

Allergies:    Food \_\_\_\_\_

Medicine \_\_\_\_\_

Other \_\_\_\_\_

Do you carry medicine for allergies?            ( )Yes            ( )No

If YES, please specify \_\_\_\_\_

Is there any physical or medical condition (such as asthma) that limits your physical activity?

( )Yes            ( )No

If YES, please specify \_\_\_\_\_

Do you carry medicine for a medical condition? ( )Yes            ( )No

If YES, please specify \_\_\_\_\_

The Eau Claire Police Department will make reasonable efforts to assure all persons have access to any program and services. If a disability requires special needs accommodations, please contact the Eau Claire Police Department at 715-839-4990.

# PARENT/GUARDIAN INFORMATION

Parent Name \_\_\_\_\_

( ) Mother    ( ) Father    ( ) Legal Guardian

Home Address \_\_\_\_\_

\_\_\_\_\_  
(Please provide street address, P.O. Box is not acceptable)

Parent Contact Information:

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

## ALTERNATE CONTACT PERSON (IN CASE OF EMERGENCY)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_

*I hereby certify that the information contained in this application is true and correct to the best of my knowledge. The Eau Claire Police Department is authorized to conduct any investigation of my personal history information that is deemed necessary for consideration to participate or continued participation in the Junior Police Academy program.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Date/Time Received \_\_\_\_\_ / \_\_\_\_\_

History Check Date/Time \_\_\_\_\_ / \_\_\_\_\_

Chief of Police Approval \_\_\_\_\_



# LIKENESS WAIVER

## Release and Waiver of Liability

I am the parent or legal guardian.

I authorize the Eau Claire Police Department and City of Eau Claire to use my child's name and display his/her image and likeness on the Police Department's website or media publications, brochures, broadcasts, telecasts or newspaper articles.

This authorization shall remain in effect until revoked by me in writing.

By offering my signature below, I acknowledge acceptance of this waiver and agree to allow the use of my child's likeness from any photos or video taken that specifically involve activities related to the Eau Claire Police Department Junior Police Academy.

I understand that the photos or video could be used to advertise and/or promote the Police Department's community relations activities.

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**Student (please print)**

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**Parent/Legal Guardian Authorizing Signature**

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**Date**

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**Parent/Legal Guardian Name (please print)**

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**Witness**



