



GURNEE POLICE DEPARTMENT YOUTH ACADEMY PROGRAM APPLICATION, RELEASE, AND WAIVER



APPLICATION

APPLICANT INFORMATION

Student Name: Last: _____ First: _____ MI: _____

Date of Birth: _____ High School Name: _____ Grade: _____

Email Address: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Father's Name: _____

Home Address: _____

Phone No: _____ Contact Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Phone No: _____ Alternate Phone No: _____

HEALTH INFORMATION

Doctor's Name: _____ Phone Number: _____

Does Student take any medications? Yes No

If yes, which ones: _____

Will Student be taking any medication during the program? Yes No

If yes, which ones: _____

Insurance policy and number: _____

Any special circumstances or medical issues: _____

I give my consent for my child to participate in the Gurnee Youth Academy Program an all activities as planned unless advised prior in writing. I give the Gurnee Youth Academy Staff permission to use any images of my child while participating in this program. Should it be deemed necessary, I give permission for a representative of the Gurnee Police Department to transport my child to the Nearest hospital for treatment in case of an emergency. I understand that I will be notified if a medical emergency should arise.

Signature of Parent/Guardian

Date