



Simsbury Police Department

933 Hopmeadow Street

P.O. Box 495

Simsbury, CT 06070

PETER N. INGVERTSEN
CHIEF OF POLICE

JUNIOR POLICE ACADEMY APPLICATION FORM

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

EMAIL: _____

PARENT'S/GUARDIANS NAME: _____

ADDRESS: _____

PHONE NUMBERS (WORK/HOME/CELL): _____

PLACE OF EMPLOYMENT: _____

NUMBER ATTENDING PICNIC/GRADUATION: _____

T-SHIRT SIZE OF CADET: S M L XL XXL (PLEASE CIRCLE ONE)

Please explain why you wish to enroll in the Junior Police Academy: _____

Please list any medical concerns that would prohibit you from participating in physical fitness activities and minor physical contact during the "hands on" portion of the program: _____

Organizations with which you were involved and any awards or recognition you have received: _____

Please complete and return to the Simsbury Police Department by July 20th. If you have any questions please contact SRO Brad Chase at 860-658-3170.

SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

Note: The determination of medical restriction is your responsibility. Seek competent medical advice about any condition which may cause concern. Your signature releases the Simsbury Police Department from liability.

NOTICE TO AND WAIVER BY PERSONS DESIRING TO OBSERVE AND/OR PARTICIPATE IN POLICE OPERATIONS

PARTICIPATION RELEASE – JUVENILE/LEGAL GUARDIAN

For and in consideration of being given the opportunity of observing and/or participating in police operations and functions of the Simsbury Police Department by participation in the Simsbury Junior Police Academy, including but not limited to riding in cars operated by members of the Simsbury Police Department and/or by any and all other means of observation or participation whatsoever, the undersigned does hereby:

1. Acknowledge that the activities and functions of the Simsbury Police Department may involve risk of harm and that the undersigned has considered and understands the inherent risks of observing the work of the Police Department.
2. Waive, surrender and relinquish to the Town of Simsbury, CT any and all causes of action at law or in equity that may now or hereafter exist in favor of the undersigned against the said Town of Simsbury, its agents and employees on account of any injury to person or to property of others or of the undersigned which may arise out of the undersigned being permitted to observe police operations as above.
3. Agree to indemnify and save the said Town of Simsbury, its agents and employees from and against any and all claims, liabilities, judgments, costs and expenses on account of injury to the person or property of the undersigned which may arise out of the undersigned being permitted to observe and/or participate in police operations as above.
4. Acknowledge having read the foregoing.

Participating Student _____

Legal Guardian _____

Notary Public _____

Subscribed and sworn before me on this _____ day of _____, 20__.

Accepted By:
Division:
Officer: