

SCHERTZ POLICE DEPARTMENT

Junior Police Academy 2019

Registration Packet



Please read and complete the entire packet and return it to the Schertz Police Department to register your child for the Schertz Junior Police Academy.

Please return completed application no later than June 3rd for the Alpha Class and July 1st for the Bravo Class

Welcome to the Schertz Police Department Junior Academy 2019!

We have a very exciting and fun filled week planned for our cadets. Everyday will include a learning session, an activity pertaining to the learning session, and a craft at the end of most days.

Camp for 8-9 year olds (Alpha) is June 17-21; **Camp for 10-11 year olds (Bravo) is July 15-19.**

The following material will be covered in our learning sessions:

Tools on a police belt to include a brief discussion on firearms safety

- This will be a discussion item; children will **NOT** be handling firearms

Forensics- fingerprinting, crime scene search

- No “graphic” pictures or scenes will be used; all “crime scenes” will be child friendly

Basic Texas Law and City Ordinances

- Kids will be given an overview of how the laws are defined and given some examples

Team Building

- This presentation will focus on the importance of working as a team.

Police K9 Demonstration

- The police K9 handler will explain and demonstrate search techniques; children will observe but will not have direct interaction with the police dog

Fire Department/Emergency Medical Services

- Children will tour the Fire Department and EMS facility and learn about how they interact with the police

Please have your child dress in comfortable school appropriate clothing, and sturdy shoes (no flip flops or open toed shoes). Some of our activities will be outside involving running, and we want to ensure the proper footwear is worn. Cadets not wearing appropriate footwear may be unable to participate in certain activities for safety reasons.

Meals will not be provided; however, there will be a small snack and drink provided daily at approximately 9:30 a.m.

Children will need to be at the Schertz Police Department between 8:00 a.m. and 8:15 a.m. each day, and parents will be required to sign their child in each day. Pick up will be at Noon to 12:15, and the parents will be required to come in and sign the children out. Photo ID will be required, and children will only be released to adults listed on the registration form.

On the last day of camp (Friday), there will be a small “graduation ceremony” where the cadets will be presented with a certificate of completion. The parents are encouraged to attend the ceremony. Light refreshments will be served following the ceremony.

Please note, the academy curriculum does not change. Please take this into consideration if your child has previously attended our academy. Preference will be given to those who have NOT previously attended an academy and/or reside in the City of Schertz.

Please complete the permission slip and the medical release forms attached to this registration packet.

We look forward to seeing your child on the first day of camp. If you have any questions about the camp, please contact Schertz Police Corporal Aleman (raleman@schertz.com) or Officer Lafitte (hlafitte@schertz.com) by e-mail or by phone at 210-619-1200.

Schertz Police Department Junior Police Academy Registration Form

PLEASE PRINT CLEARLY
PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

Child's Name _____ M / F Age _____

Address _____

City _____ State _____ Zip _____

Home Phone# _____ Cell Phone# _____

Age _____ Date of Birth _____ Grade completed as of June 2019 _____

Child's T-Shirt Size (Circle One) YM YL YXL Previously attended? YES NO

Parents/Guardians Names _____

E-mail Address _____

Other numbers where parents/guardians may be reached (work, cell, etc.):

ALTERNATIVE CONTACT (PLEASE PROVIDE AT LEAST ONE) – authorized to pick up child and/or emergency contact:

Name/Relationship _____

Phone Number(s) _____

Name/Relationship _____

Phone Number(s) _____

MEDICAL INFORMATION

ALLERGIES: (Please write "none" if no allergies)

MEDICAL CONDITIONS including ADHD or any other behavioral conditions diagnosed within the last 3 years. (Please write "none" if no medical conditions exist.):

*** The Schertz Police Department Staff will not be responsible for administering any medications to your child while they attend the Schertz Police Department Junior Police Academy.

Permission Form

I give permission for my child, _____, to take part in the Schertz Police Department Junior Police Academy (the "Junior Academy"). To the best of my knowledge, my child is in good physical condition and is capable of participating in the Junior Academy. I have disclosed any medical conditions my child has on the Junior Academy Registration Form.

I understand that as part of the Junior Academy training, my child will participate in the following discussion sessions:

Tools on a police belt to include a brief discussion on firearms safety

- This will be a discussion item; children will **NOT** be handling firearms

Forensics- fingerprinting, crime scene search

- No "graphic" pictures or scenes will be used; all "crime scenes" will be child friendly

Basic Texas Law and City Ordinances

- Kids will be given an overview of how the laws are defined and given some examples

Bullying and Internet Safety

- This presentation will focus on staying safe on-line and not sharing private information

Police K9 Demonstration

- The police K9 handler will explain and demonstrate search techniques; children will observe but will not have direct interaction with the police dog

Fire Department/Emergency Medical Services

- Children will tour the Fire Department and EMS facility and learn about how they interact with the police

I acknowledge that the nature of the activities associated with participating in the Junior Academy may have some inherent risks, including medical injuries and mental angst. The Schertz Police Department will take all precautionary measures to minimize such risks. Should such injuries arise, I give my permission to the Schertz Police Department staff and volunteers and/or hospital staff to administer proper medical assistance to the above named participant as needed.

I also authorize and release any pictures and video taken of my child during the Junior Academy training; provided that the City shall not disclose the name of my child.

I do hereby fully release and discharge the City Of Schertz, the Schertz Police Department, and any of their employees, agents, and officials (each an "Indemnified Party") from and against any and all liability, claims, or demands against any of the Indemnified Parties that may accrue by my child participating in the Junior Academy.

Parent or Guardian (Please Print)

Date _____

Signature of Parent or Guardian

Schertz Police Department Junior Academy Behavior Contract

I, _____ understand I will be expected to:
(Child's name)

- 1) Be respectful to yourself and others, use only appropriate language
- 2) Help each other in any way we can
- 3) Keep my hands and feet to myself
- 4) Listen carefully, show respect to speakers and instructors
- 5) Respect the work area and keep it clean
- 6) Solve problems together
- 7) STOP when someone asks me to stop!
- 8) Take care of all the equipment/supplies and put back where it goes
- 9) Understand that everyone makes mistakes
- 10) ALWAYS REMEMBER TO HAVE FUN!!!!!!!!!!!!

Levels of Consequences

- 1) Warning
- 2) Sit out/Loss of privileges (short time)
- 3) Call home to parent
- 4) Suspension from camp (call home to parent to pickup child)

Child Signature

Parent Signature

MEDICAL RELEASE FORM

This is to certify that my son / daughter, _____, has my permission to participate in the Schertz Police Department Junior Police Academy. As the parent or legal guardian of the above named child, I request that in my absence, the above named child be admitted to any hospital or medical facility for diagnosis or treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine, or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the above named minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named person.

EMERGENCY INFORMATION

Date of Child's Birth ____/____/____ Date of Last Tetanus Booster ____/____/____

Known Allergies of Child (including medication) _____

My child has the following medical problem(s) which should be noted: _____

Family Physician _____ Phone Number (____)_____

Next of Kin to Notify _____ Phone Number (____)_____

Close Friend _____ Phone Number (____)_____

Person Responsible for Charges _____

Street Address or P.O. Box _____

City, State, Zip Code _____

Phone Number (____)_____ Work Phone Number (____)_____ Home

Phone Number (____)_____ Cell

Primary Insurance Carrier _____

Policy Number _____

Secondary Insurance Carrier _____

Policy Number _____

In witness of my/our consent and agreement to the medical authorization specified herein, I/we have subscribed my/our signatures on this _____ day of _____, 2019.

Parent / Guardian Signature

Parent / Guardian Printed Name

State of Texas
County of _____

This instrument was acknowledged before me on the _____ day of _____, 2019

NOTARY SEAL

Notary Public Signature