

# ROCKFORD YOUTH POLICE ACADEMY



- DATE:** August 12<sup>th</sup> – 16<sup>th</sup>, 2019 (Monday – Friday)
- TIMES:** **Monday, Wednesday, and Thursday** – 12:00 PM – 4:00 PM  
**Tuesday** - 10:00 AM – 4:00 PM  
**Friday** – 12:00 PM – 3:00 PM (BRING YOUR FAMILY)
- LOCATION:** **Auburn High School**  
5110 Auburn St.  
Rockford, IL 61101
- AGE:** 13 – 17 years old
- COST:** **FREE!**
- FOOD:** **SNACKS ARE PROVIDED DAILY. LUNCH WILL BE PROVIDED ON TUESDAY AND FRIDAY!!!**

**QUALIFICATIONS:** An interest in learning about law enforcement in the community, an interest in learning how to be an asset to your neighborhood, a willingness to learn, a positive attitude, and a desire to have fun!

This Academy is designed to introduce students to the law enforcement community in a variety of fun, interesting, and civic minded ways. “Youth Cadets” will learn from and participate in various demonstrations of law enforcement units designed to enhance student understanding of the law enforcement role in Public Safety. If you have any questions, please contact:

**Officer Rob Washo at (815) 494-3865 or Officer Brian Mace (779) 537-4483**

**\*\*\*PLEASE KEEP THIS TOP PAGE FOR YOUR RECORDS\*\*\***



## ROCKFORD YOUTH POLICE ACADEMY



Please print clearly and fully complete the form. When completed, sign and date the form and drop it off at the Rockford Police Department or mail to:

**Officer Rob Washo**  
**Rockford Police Dept.**  
**1045 W State St.**  
**Rockford, IL 61101**

OR

**Officer Brian Mace**  
**Rockford Police Dept.**  
**557 S. Newtowne Dr.**  
**Rockford, IL 61108**

You will be notified by phone or e-mail upon your acceptance into the program. Class size is limited, so return this application as soon as possible. Thank you!

Name (Last, First, Middle): \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of birth/Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Shirt size: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ List any food allergies: \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT: (Other than parent information listed above):**

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

Do you have any physical disabilities for which we may have to make accommodations? \_\_\_\_\_ If so, please tell us what accommodations are needed:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested for anything other than traffic violations: \_\_\_\_\_

If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

As a requirement for the Youth Police Academy, the police department may perform a criminal history check on all applicants that are initially selected to participate in the program. All records are kept confidential.

I hereby authorize the Rockford Police Department to search the files of the national and local criminal record database for any criminal history record.

Parent's Signature

Student's Signature

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

**The Rockford Youth Police Academy is sponsored by:**



# ROCKFORD YOUTH POLICE ACADEMY

Emergency Authorization For:

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Juvenile's name

I hereby give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to above named child if needed. This form may be photocopied for use during the program.

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Signature of Parent/Guardian

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Date

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## Waiver of Civil Liability Youth Police Academy

I hereby waive any and all claims and demands of whatever nature which I have or may hereafter acquire against the City of Rockford, the Youth Police Academy, its officers and agents, as a result of my permission for my child's participation in the Youth Police Academy on the date and time specified:

- August 12<sup>th</sup>, 14<sup>th</sup>, and 15<sup>th</sup>, 2019 between the hours of 12:00 P.M. and 4:00 P.M.
- August 13<sup>th</sup>, 2019 between the hours of 10:00 A.M. and 4:00 P.M.
- August 16<sup>th</sup>, 2019 between the hours of 12:00 P.M. and 3:00 P.M.

I further agree that my child will comply with all rules of the program and any instructions or orders issued by the program coordinators in connection with the program. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part and my child.

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Parent/Guardian's Name (Please Print)

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Signature

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Date Signed

# ROCKFORD YOUTH POLICE

## ACADEMY

### RULES AND REGULATIONS

1. Each participant must complete an application and have a parent/guardian sign a parental permission authorization. Applications will be reviewed for approval of attendance.
2. Except for sickness, emergencies and pre-approved absences, participants should not be absent from any of the training sessions. Absences from more than two sessions will prevent a participant from graduation.
3. Participants are expected to dress **appropriately**. Academy shirt is to be clean and worn on field trips and for the graduation ceremony. Sagging pants, short shorts, and tank tops/spaghetti strapped tops are not allowed.
4. Participants shall not be armed at any time during the academy. This includes pepper spray, handguns, knives, pocketknives, or any item which can be construed as a weapon. Any violation of this rule could result in immediate dismissal from the academy.
5. Participants are to be **polite** and **respectful** of all instructors, police officers, other adults and students during the academy. Raise your hand if you want to speak. Foul language and poor behavior will **not** be tolerated.
6. It is important that class start on time and there are as few disruptions as possible, therefore, any student more than 10 minutes late may be dismissed from attending that session by the instructor (at the option of each individual instructor).

I certify that I understand the requirements of participating in this program.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

# WAIVER & RELEASE - PLEASE READ CAREFULLY

## IMPORTANT INFORMATION

The Rockford Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

## WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Rockford Park District to guarantee absolute safety.

## IF participating in ARCHERY –

The very nature of archery is hazardous and risky. Inherent risks include, but are not limited to, getting hit by an arrow, self-

inflicted wounds, improper shooting technique, carelessness of other archers, lack of proper protection, poor range conditions, poorly selected and maintained equipment, lack of conditioning, horseplay, carelessness, poor pulling technique, splintering of the arrow, inadequate supervision or instruction, premises defects, and other risks inherent to archery.

## IF participating in CROSS COUNTRY SKIING or SNOW SHOEING –

The very nature of skiing and snowshoeing is hazardous and risky. Inherent risks include, but are not limited to, inexperience, losing control, snow blindness, overexertion, horseplay, carelessness, falling, collisions with other skiers and with stationary objects, lack of skill or technique, attempting a skill beyond one's abilities, poor or defective equipment, inclement weather, icy conditions, failure in supervision or instruction, dangerous surface conditions and all other risks inherent to skiing, snow shoeing and outdoor winter activities.

## IF participating in RIVER STUDY –

The very nature of river study is hazardous and risky. Inherent risks include, but are not limited to, inexperience, sprains and strains, slipping on rocks, logs, or trees, striking your head on submerged rocks; hypothermia; dangerous water and weather conditions such as rapids, deep or cold water; surface and subsurface rocks and obstacles; hydraulics, strainers, and ledges; heatstroke; dehydration, frostbite or sunburn; insect/animal bites; poisonous plants; inadequate supervision or instruction; recklessness, carelessness, or horseplay; poorly maintained equipment; improperly worn equipment; and all other risks inherent to river study.

## IF participating in TEAMS COURSE –

The very nature of a teams' course is hazardous and risky. Inherent risks include, but are not limited to, slip and falls; inexperience, sprains and strains; heatstroke; dehydration, frostbite or sunburn; insect/animal bites; poisonous

plants; inadequate supervision or instruction; recklessness, carelessness, or horseplay; poorly maintained equipment; improperly worn equipment; spinal cord, head/brain and joint injury; premise defects; and all other risks inherent to teams course participation.

## WAVIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Rockford Park District, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name (PLEASE PRINT)

Address

City

State

Zip

Group/Organization Name

Parent/Guardian Signature

Date

## PARTICIPATION WILL BE DENIED

if the waiver and release is in any way altered

and/or if the signature of adult participant or parent/guardian and date are not on this waiver



# ROCKFORD PARK DISTRICT