



O'FALLON POLICE YOUTH ACADEMY

PARTICIPANT APPLICATION 2024

NAME _____
LAST
FIRST
MIDDLE

NICKNAME (if applicable) _____

ADDRESS _____
STREET
CITY
ZIP

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH ____ / ____ / ____ AGE _____ SEX _____

HEIGHT _____ WEIGHT _____
 (For purposes of forming two teams within the Academy)

T-SHIRT SIZE (Circle One) ADULT: Small Medium Large X-Large

SCHOOL ATTENDING FOR THE 2024-2025 SCHOOL YEAR

GRADE FOR THE 2024-2025 SCHOOL YEAR _____

EMERGENCY CONTACT

NAME and RELATIONSHIP _____

ADDRESS _____

CELL PHONE _____ WORK PHONE _____

ALTERNATE EMERGENCY CONTACT _____
NAME and RELATIONSHIP
CELL

EMAIL CONTACT (PARENT): _____



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APPLICANT HEALTH / MEDICAL INFORMATION

If you answer **YES** to any of the following questions, please explain fully. Use an additional sheet if necessary.

Does the academy applicant have any special challenges? E.g. visual or hearing impairment, learning disability, behavior disorder, etc. If so, please explain:

Does the academy applicant have **ANY** known allergies, including allergies to medications?

YES _____ NO _____ If yes, please explain:

Does the academy applicant have any of the following condition(s) for which he/she is currently or has been previously under medical care?

Asthma _____ Diabetes _____ Epilepsy _____ Heart Disease _____ Respiratory Problems _____

ODD / ADD / ADHD / BPD _____ Other than listed _____

Please describe _____

Is the applicant taking any prescribed medications for any of the above listed conditions or for any other health problems? YES _____ NO _____

If **YES**, Type _____ Dosage _____ When Taken _____

Family Doctor _____ Phone _____

Hospital Preference (Circle One): Belleville Memorial St. Elizabeth's Memorial East (Shiloh)

Other _____



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LIABILITY RELEASE

I, _____ permit _____
Parent / Guardian Academy Participant

to participate in the 2024 O'Fallon Police Youth Academy. I hereby release of all liability the City of O'Fallon, its elected officials, O'Fallon School District #90, the O'Fallon Department of Public Safety, and its employees, both collectively and individually, of any injury, physical or emotional, that may result in his/her participation in the 2024 O'Fallon Police Youth Academy.

Signature of Parent / Guardian

Date

MEDICAL TREATMENT PERMISSION

The O'Fallon Police Department, its agents, and its employees, are hereby granted permission to secure such medical aid and hospital services, which the Youth Academy Staff deem necessary for the person noted on this medical release form, if he/she were to sustain an injury or illness during the Youth Academy program. I have disclosed ALL health concerns and medical information which the Youth Academy Staff should be aware of regarding the above-stated academy applicant's physical AND mental well-being.

Signature of Parent/Guardian

Date

RANGE DAY

I give permission for my son / daughter _____
to participate in firearms activities as part of the 2024 O'Fallon Police Youth Academy. This activity will stress firearms safety and the program will demonstrate the use and restrictions that police officers employ in field operations.

I understand that after the classroom session on firearm safety the academy will be going to the O'Fallon Firing Range with qualified range officers to shoot rifles and handguns.

Signature of Parent/Guardian

Date

WAIVER / PHOTOGRAPH RELEASE

I give the O'Fallon Police Department, their assignees, licensees, and legal representatives the irrevocable right to use my son's / daughter's picture, portrait, or photograph in all forms, medias, and manners without restriction as to changes or alterations for advertising, promotion, exhibition, or other lawful purposes.

I waive the right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use be known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

Signature of Parent/Guardian

Date