



**Jupiter Police Department
2023 Junior Police Academy
July 10th to July 14th, 2023**

Registration and Information Form

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In an effort to assist our youth in better understanding police training, procedures, and philosophy, the Jupiter Police Department offers a FREE 1-week class to all Jupiter resident youths ages 9-12. Two shirts will be provided. The academy is scheduled for Monday July 10, 2023 to Friday July 14, 2023 from 9:00 am to 12:00 pm. The classes are held at the Jupiter Police Department, located at 196 Military Trail, Jupiter, FL 33458 and two off-site days with drop off and pickup at Burt Reynolds East (July 12) and Jupiter Community Park (July 13). To enroll in the Junior Police Academy, please complete all forms and turn them in to the Jupiter Police Department Monday through Friday, 9:00 am to 4:00 pm.

ATTENTION: Students will be handling fake firearms and weapons to simulate training. Please only register your child if you approve of this.

CLASS IS LIMITED TO THE FIRST 20 REGISTRATIONS RECEIVED.

The following information is necessary for registration which consists of a criminal background check:

YOUTH'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
DATE OF BIRTH: _____ RACE: _____ SEX: _____
SOCIAL SECURITY (LAST 4 #'S): _____
PARENT PHONE #: _____ YOUTH PHONE #: _____
EMAIL ADDRESS: _____ SHIRT SIZE: _____
PARENT/GUARDIAN NAME: _____
PARENT/GUARDIAN APPROVAL SIGNATURE: _____

NOTE: Do not attend class until a confirmation letter or phone call is received. The Jupiter Police Department reserves the right to reject any applicant whom it believes would be counterproductive to the Department and/or the program.



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Youth's Name: _____

The above has the following food allergies/dietary restrictions:

The above has the following medical conditions:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



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PICK UP AUTHORIZATION

Youth's Name: _____ Age: _____ Home Phone: _____

Parent/Guardian Name: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian Name: _____

Cell Phone: _____ Work Phone: _____

Please list any individual who is authorized to pick up your child, including yourself. The above named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages if needed):

Authorized Person	Phone Number	Relationship to Child

Please note that only the enrolling parent/guardian is permitted to complete this form.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



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WAIVER AND RELEASE OF RESPONSIBILITY

This is a LEGAL DOCUMENT – Do not sign unless you fully understand the terms and conditions contained herein. This Form MUST be returned before the first Class.

Name of Participant: _____

For the consideration of being allowed to participate in the Jupiter Police Department’s Junior Police Academy and for other valuable consideration, the receipt of which is hereby acknowledged, I, my agents, heirs, assigns, executors, personal representatives and/or administrators do hereby absolutely and unequivocally agree to release and save harmless The Town of Jupiter, its agents, representatives, employees and/or their heirs or assigns from any and all claims, demands, damages, actions, causes or actions, suits or liabilities, of any kind or nature whatsoever, and particularly on account of all injuries, known and unknown, both to person and property, which may have resulted or may in the future develop from or arise out of any injury, disability, loss, destruction, or mishap connected with said participation in the aforementioned program.

I further agree to save harmless and indemnify, the Town of Jupiter, the Jupiter Police Department, and their agents, representatives, employees, and/or their heirs, or assigns for any and all destruction, loss, disability, or injury caused to the Town of Jupiter property or of personnel emanating from my participation or my child’s participation in the aforementioned program.

In the event of an emergency, a Jupiter Police Department employee will make every attempt to contact the parent/guardian. In the event that the parent/guardian cannot be reached, I give permission to the Jupiter Police Department to secure proper medical treatment and hereby expressly waive any and all claims of nature arising from such treatment.

I am aware that photos may be taken of myself or my child during the Jupiter Police Department’s Junior Police Academy. I am also aware that these photos are the sole property of the Jupiter Police Department. I hereby give the Jupiter Police Department the rights to use these photographs in future recruitment publications as well as press releases.

Finally, I have reviewed the above waiver and release of responsibility and fully understand the terms and conditions contained herein. Therefore, I voluntarily execute this agreement for the purpose stated.

The terms hereof shall be in full force and effect during the period of my participation or my child’s participation in the Jupiter Police Department’s Junior Police Academy.

Participant’s Name: _____
Printed Signature Date

Parent’s Name: _____
(and/or Guardian) Printed Signature Date