



WOODLAND YOUTH PUBLIC SAFETY ACADEMY

Session #4: August 19, 2019 – November 18, 2019

Application Instructions: Please completely fill-out the following form and obtain your parent/guardian’s signature before turning in. Make sure your handwriting is legible and neat. The Academy is limited to 24 cadets. Open positions will be filled on a first come, first serve basis.

Cadet Information:

First Name: _____ Last Name: _____

Circle one: Male Female Date of Birth: ____/____/____ Cell Phone #: (____) ____ - ____

Address: _____ Home Phone #: (____) ____ - ____

Fall 2019 Grade (circle one): 7th 8th School: _____

Cadet T-shirt size (circle one – adult sizes): S M L XL XXL

Parent/ Guardian Information:

First Name: _____ Last Name: _____

Address: _____ Phone #: (____) ____ - ____

Employer: _____ Work Phone #: (____) ____ - ____

Work Address: _____

Email Address: _____

Emergency Contact (if parent is unavailable):

First Name: _____ Last name: _____

Relation: _____ Contact #: (____) ____ - ____

Cadet Personal Health History

Identification: To be filled out by parent or guardian about cadet. Please print in ink.

Cadet Name: _____ Date of birth: ____/____/____

Check all items that apply, past or present, to your health history. Explain any “yes” answers.

Allergies: Food, Medicines, Insects, Plants, Other (circle one): YES NO

| General information: | | Yes | No | Yes | No | Yes | No | |
|----------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Heart Trouble | <input type="checkbox"/> | <input type="checkbox"/> | Convulsions/seizures | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Hemophilia | <input type="checkbox"/> | <input type="checkbox"/> | Cancer/Leukemia | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Other: **Explain | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, explain: _____

List any medications (Prescription or OTC) taken: _____

List any physical or mental limitations: _____

Please turn form over to complete →

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Immunizations: *(give date of last inoculation or attach shot record)*

Tetanus toxoid: _____ Pertussis: _____ Mumps: _____

Measles: _____ Diphtheria: _____ Polio: _____

Rubella: _____ Flu shot (optional): _____

Name of Physician: _____ Phone #: (____) ____ - ____

Health Insurance Carrier: _____ Policy #: _____ N/A

Name of Dentist: _____ Phone #: (____) ____ - ____

Parent Authorization (Mandatory)

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities associated with the Woodland Youth Public Safety Academy, except as noted by me in writing. I have received and read the Insurance Waiver- Release of Liability. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

_____/_____/20____
Parent/guardian printed name Parent/Guardian Signature Today's Date

_____/_____/20____
Applicant printed name Applicant Signature Today's Date

** Please complete and turn-in the photo release waiver and insurance waiver along with this application.*

YPSA Coordinator Use Only:

Date of Application: ____/____/20____ Position: ____ of 24

Application complete: Yes No Parent/Guardian Signature: Yes No

Photo Release Waiver Signed/ On File: Yes No

T-Shirt Size: _____ Confirmation Email Sent: ____/____/ 20____

Coordinator Signature: _____ Date: ____/____/ 20____



WOODLAND YOUTH PUBLIC SAFETY ACADEMY

Insurance Waiver- Release Of Liability

CADET'S FULL NAME: _____

In consideration of being allowed to participate in any way in the Woodland Youth Public Safety Academy (YPSA), and/or Woodland Police and Fire Department affiliated/sponsored programs, related events, and activities, I and/or the minor CADET, the undersigned: *(Please initial by each item below after fully reading)*

____ 1. Agree that prior to participating I will inspect to the best of my ability, or if a parent and/or legal guardian I will instruct the minor Cadet to inspect the best of his/her ability, the facilities and equipment to be used, and if I believe anything is unsafe, I and/or the minor Cadet will immediately advise a YPSA Coordinator or Instructor of such condition(s) and refuse to participate until safe to do so.

____ 2. Acknowledge and fully understand that I and/or minor Cadet, may be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my/their own actions, inactions, or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonable foreseeable at this time.

____ 3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

____ 4. Release, waive, discharge and covenant not to sue The Woodland Youth Public Safety Academy, and/or The Woodland Police and Fire Departments, and/or The City of Woodland and its affiliated associates, their respective administrators, directors, agents, Instructors, Coordinators, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and, if applicable, owners and leasers of premises used to conduct the program/event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

____ 5. I understand that The Woodland Youth Public Safety Academy does not maintain medical, dental or vision coverage for its participants, nor is the Woodland Police nor Fire Departments or the City of Woodland responsible for such insurances. In case of an emergency, my personal medical/dental/vision coverage and/or I will be responsible for all costs accrued. My medical coverage is as follows:

MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ **PRIMARY PHYSICIAN:** _____

PHYSICIAN'S ADDRESS: _____ **PHONE #:** (____) ____ - _____

____ 6. Give permission for the Instructors and Coordinators of the YPSA to obtain for the Cadet emergency medical treatment, as they deem advisable.

____ 7. Acknowledge and fully understand that the YPSA Instructors and Coordinators have the authority to exclude Cadets from the academy for behavior they deem unsafe. Note: Use of alcohol and illegal drugs, or being under the influence, is unsafe behavior. The YPSA regards safety as our first concern. Cadets in the academy may be removed or excluded for behavior that is deemed by YPSA Instructors or Coordinators to be a danger to self or others.

Please read before signing: I have read the complete waiver and release and I understand that I may have given up substantial rights by signing. I have not changed this orally and I sign this release voluntarily. The information I have given is accurate and complete.

Cadet Printed Name: _____ **Date:** ____/____/20____

Cadet Signature: _____ **Age:** _____ **Grade:** _____

This is to certify that I, as parent/guardian with legal responsibility for this minor Cadet, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence.

1st Parent/Guardian's Name: _____

Signature: _____ **Date:** ____/____/20____

Emergency Phone: (____) ____ - _____ **Relationship:** _____

2nd Parent/Guardian's Name: _____

Signature: _____ **Date:** ____/____/20____

Emergency Phone: (____) ____ - _____ **Relationship:** _____

**NOTE: If 2nd parent signature is not possible, 1st parent/guardian certifies that the 2nd parent/guardian has authorized this Cadet to pursue this activity and the 2nd parent/guardian agrees to all items stipulated above.*

**Woodland Youth Public Safety Academy
ATTN: Trista Kennedy
Woodland Police Department
1000 Lincoln Avenue
Woodland, CA 95695
Phone: (530) 661-7865**



WOODLAND YOUTH PUBLIC SAFETY ACADEMY

CADET PHOTO RELEASE WAIVER

The Woodland Youth Public Safety Academy takes many pictures of the Cadets throughout each academy session to illustrate, for you and them, the many activities in which they are engaged. Some photos are used for publication to promote the Woodland Youth Public Safety Academy and/or Woodland Police Department and/or Woodland Fire Department via digital, print and electronic publishing. This includes Facebook and other social media outlets in which we utilize.

As the guardian of a minor participant of the Woodland Youth Public Safety Academy, you have the option to allow or not allow use of your minor's photo or likeness for the above uses. This form is valid from **August 19, 2019** until permission is terminated in writing to the YPSA at 1000 Lincoln Ave., Woodland, CA 95695 (ATTN: Trista Kennedy).

I attest that I am the parent or legal guardian/parent for the minor listed below.

Identification: To be filled out by parent of guardian about minor. Please print in ink.

Cadet Full Name: _____ **Date of birth:** ____/____/____

Name of parent/guardian: _____ **Phone #:** (____) ____ - ____

Mailing address: _____

Please choose one of the below options:

____ **Yes, Allow my minor's photo to be used.** By checking yes, I grant The Woodland Youth Public Safety Academy and Police and Fire Departments, along with its Instructors, staff, employees and sponsors the right to photograph my minor dependent and use the photo and or other digital reproductions of them or other reproduction of their physical likeness for publication processes, whether electric, print, digital or electronic publishing via the internet.

____ **No, I do NOT grant use of my minor's photo.**

***If you have any questions or concerns, please contact the Woodland Youth Public Safety Coordinators at 530-661-7865*