



2018 Bixby Police Department Junior Police Academy

The Bixby Police Department is currently accepting applications for the 2018 Bixby Junior Police Academy. The Academy will be held June 4th-8th at the Bixby Police Department, 116 W. Needles Ave.

The Academy is provided at no cost to the participants or their parents; however positions are limited so enroll now!

We will be accepting applications from students 14-18 years of age who meet the following requirements:

- ✓ Submit fully completed application, medical questionnaire, and liability waiver.
- ✓ Provide a short essay on one of two topics: “Why you are interested in the Bixby Youth Academy” or “What character means to you.”
- ✓ Return the completed application form and essay to the Bixby Police Department no later than Friday, April 6th, 2018.

The Bixby Junior Police Academy will be filled on a first-come, first-served basis. All cadets will provide their own lunch and transportation to and from the Academy.

The Bixby Police Department does not discriminate against any race, gender, religion or sexual orientation.

If you, your parents / guardians would like an application form or have any questions regarding this program, please contact the Academy Coordinator, Cpl. Michael Konshak, via email at mkonshak@bixbyok.gov.

Bixby Junior Police Academy Application

Student's Name _____
Last First Middle Initial

Date of Birth ____/____/____ Age ____ Phone Number (____)____-____

Address _____

School _____ Grade (Fall 2018) _____

Have you attended a Youth Police Academy before? (Circle) NO YES Year? _____

Have you ever been arrested or convicted of a crime? Circle - NO YES (If you answered YES, on a separate piece of paper, please explain details of offense/crime, date of crime and location where the crime took place.)

Parent/Guardian's Name _____
Last First Middle Initial

Daytime Number (____)____-____ Alternate Number (____)____-____

Parent/Guardian's Name _____
Last First Middle Initial

Daytime Number (____)____-____ Other Number (____)____-____

Emergency Contact _____ Relationship _____
Last First Middle Initial

Daytime Number (____)____-____ Other Number (____)____-____

Cadet Shirt Size (circle)

Youth Size: S M L XL XX Adult Size: S M L XL XX

Cadet Pant Size: _____
WAIST SIZE INSEAM LENGTH

Bixby Junior Police Academy

Medical Questionnaire

(To be completed by Parent/Guardian)

1. Is child currently taking any medications? **Circle - NO YES**

(If yes, please explain)_____

2. Is your child currently under the care of a physician? **Circle - NO YES**

(If yes, please explain)_____

3. Does your child have any allergies? (Medications, food, bee stings, etc.) **Circle - NO YES**

(If yes, please explain)_____

4. Does your child have high blood pressure? **Circle - NO YES**

(If yes, please explain)_____

5. Does your child suffer from any heart problems? **Circle - NO YES**

(If yes, please explain)_____

6. Has your child ever suffered from exhaustion or heatstroke? **Circle - NO YES**

(If yes, please explain)_____

7. Does your child have any emotional and or physical limitations that would hinder him/her from participating in any activities, police topics, or tours? **Circle - NO YES**

(If yes, please explain)_____

8. Does your child have health insurance? **Circle - NO YES** Health Care
Provider_____

Policy Number: _____

Bixby Junior Police Academy

Participant Agreement / Liability Waiver

I hereby agree that the Bixby Police Department may use and/or record on film, tape or otherwise my name, likeness, image and/or voice; my on-camera interview(s) and performance and any other material provided by me (e.g., biographical material, photographs, videotapes, film prints, artwork, contact information, etc.). I acknowledge and further agree that the Bixby Police Department shall exclusively own all rights (right to edit and/or alter) and the right to use said recordings to promote, publicize or market the Academy, at the complete and sole discretion of the Bixby Police Department. In addition, I agree to the following:

- 1. I represent and affirm that I have the full right, power and authority to grant the rights granted herein. I am familiar with the nature of the Academy.**
- 2. I have been informed and I fully understand that any advice given to me on or in connection with the Academy is for informational purposes only. Should I follow all or any part of such advice, I shall do so entirely at my own risk.**
- 3. I understand and acknowledge that all travel in connection with my participation in the Academy will be at my sole responsibility, risk and expense.**
- 4. I affirmatively represent and warrant that I am mentally capable of entering into the Academy. I am not suffering from any mental or physical deficiency or affliction, and I am not taking any drugs or medication which would impair my judgement or render me unable to enter into the Academy.**

I acknowledge that I have carefully read the foregoing, that I understand it, that I was given the opportunity to ask questions about it and that I knowingly consent to all of the terms therein.

Student Signature

Date

Parent/Guardian Signature

Date

Bixby Junior Police Academy Agreement & Covenant Not To Sue

I, _____ (Junior Cadet), hereby certify that there are no willful misrepresentations, omissions or falsifications in the answers to all questions. I understand that my omission(s) or false statements on this application will be sufficient cause for rejection and dismissal from the Bixby Youth Academy. I fully understand that, for my safety and the safety of others, I must follow all rules of the Bixby Youth Academy or I may be terminated for failing to follow all rules. I also understand that the Bixby Police Department may complete an investigation on any information provided and may ask for personal references.

Applicant's Signature

Date

Parent / Legal Guardian Signature

Date

My child may participate in the following (initial if allowed)

Physical Training (PT)_____ Field Trips/Tours_____ Firearms Training_____

Repelling_____ ROPES Course_____ Discipline_____ Tug of War_____

Rockwall Climbing_____ Obstacle Course_____ Dodgeball_____ Driving Golf Cart_____

COVENANT NOT TO SUE

I, _____, **parent or legal guardian** of applicant, ask for permission for my child to attend the Bixby Youth Academy, and I fully understand that the Bixby Police Department has no obligation to allow my child to attend and that permission to participate is solely voluntary by me and my said child. I, nor my child or our legal representative, heirs, assigned successors or personal representatives, will bring any action whatsoever, upon any grounds whatsoever, against the City of Bixby, the Bixby Police Department, their agents or servants including, but not limited to, wrongful death, injury, (physical or emotional), or property damage that may occur as a result of attending a Youth Academy. I fully hold harmless the City of Bixby, its Police Department, their agents and servants, from any such death, injury or property damage. Understanding these risks, it is still my decision to allow my child to participate in the Bixby Youth Academy. I assume full responsibility for such risks.

Parent / Legal Guardian Signature

Date

***** Incomplete applications will not be processed *****