

## IMPORTANT INFORMATION

1. **Please fill out the Junior Police Academy application in its entirety.** The Application consists of three forms: Application for Enrollment, Waiver of Liability, and Likeness Waiver. The Application and Waiver of Liability **must** be signed by the applicant's parent/legal guardian. Completing and signing the Likeness Waiver is optional.
2. **Class members must be between the ages of 11-16.** The class capacity will be only 20 members.
3. Return completed application and waiver(s) by **April 30, 2021** to the Senoia Police Department's front desk, email [acallaway@senoia.com](mailto:acallaway@senoia.com) or [vburns@senoia.com](mailto:vburns@senoia.com), or mail to:

Senoia Police Department  
Attn: Ofc. A. Callaway  
PO Box 310  
Senoia, Georgia 30276

4. The Chief of Police has final approval of all applicants and reserves the right to deny entry to any applicant. Accepted applicants will be notified by phone and/or email.
5. Classes will be held at the Senoia Police Department, located at 505 Howard Road Senoia, Georgia 30276
6. **The Junior Police Academy will be held this summer.** The JPA Program will be on Monday, June 21<sup>st</sup> to Friday, June 25<sup>th</sup>, 2021 from 8:00am to 12:00pm.
7. Dress code for the academy will be comfortable clothes that can get dirty or damaged, and tennis shoes are mandatory. Police Department will provided Cadet's T-Shirts.
8. You will need to bring your issued Junior Police Academy ID badge to each scheduled session (these will be provided during the first class). You will need to wear your ID badge to each class so that you can be identified as a participant in the program.
9. Please make every effort to attend each training session. If you are unable to attend any of the sessions, please notify one of the person(s) listed below:

Officer Alexis Callaway  
Work Phone: (770) 599-3256  
[acallaway@senoia.com](mailto:acallaway@senoia.com)

Valerie Burns  
Work Phone: (770) 599-3256  
[vburns@senoia.com](mailto:vburns@senoia.com)

10. Students will be provided a snack and beverage.
11. No individual will be allowed to remain in a training session if they behave in a disruptive or disrespectful manner. Misbehaving individuals will be removed from the class and the parent or guardian will be contacted.



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505 Howard Road  
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**APPLICATION FOR ENROLLMENT  
JUNIOR POLICE ACADEMY  
JUNE 21<sup>ST</sup> – JUNE 25<sup>TH</sup>, 2021**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Shirt Size S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_

Student's Age on 05/30/2021 \_\_\_\_\_

School Student Attends \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies: Food: \_\_\_\_\_

Medicine: \_\_\_\_\_

Other: \_\_\_\_\_

Do you carry medicine for allergies? ( ) Yes ( ) No

If YES, please specify: \_\_\_\_\_

Is there any physical or medical condition (such as asthma) that limits your physical activity?

( ) Yes ( ) No

If YES, please specify: \_\_\_\_\_

Do you carry medicine for this medical condition? ( ) Yes ( ) No

If YES, please specify: \_\_\_\_\_

If case of an emergency, what preferred hospital would you like your child transported to:

\_\_\_\_\_



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## PARENT INFORMATION

Parent Name \_\_\_\_\_

( ) Mother ( ) Father ( ) Legal Guardian

Home Address \_\_\_\_\_

(Please provide a street address, P.O. Box not acceptable)

Parent Email Address \_\_\_\_\_

Parent Phone Numbers:

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

## ALTERNATE CONTACT PERSON (IN CASE OF EMERGENCY)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers:

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

*I hereby certify that the information contained in this application is true and correct to the best of my knowledge. The Senolia Police Department is authorized to conduct any investigation of my personal history information that is deemed necessary for consideration to participate or continued participation in the Junior Police Academy Program.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

### For Official Use Only

Date/Time Received \_\_\_\_\_

History Check Date/Time \_\_\_\_\_



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## WAIVER OF LIABILITY

Whereas I, \_\_\_\_\_  
NAME OF STUDENT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

Have made a voluntary request on my own initiative to participate in the Junior Police Academy with the Senolia Police Department, Senolia, Georgia.

Now, therefore in consideration of the City of Senolia allowing me to participate in the Junior Police Academy and in consideration of the City of Senolia and the Senolia Police Department permitting me the use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release and forever discharge the City of Senolia, and the Senolia Police Department, its employees, officers, commissioned staff, representatives, instructors, Board of Directors, Training Committee Members, affiliates, and agents, acting officially or otherwise (hereinafter referred to as Senolia) from an and all claims, actions, demands, cause of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of Senolia, or whether said harm or damage occurs through acts of a person not employed by Senolia.

I **ACKNOWLEDGE** that I understand that Junior Police Academy training will involve active physical participation, which includes a potential risk or personal injury and/or personal property damage; and that I make the request to participate in the program with full knowledge of these risks. I **ASSUME THE RISK** of all injuries that may occur because of my participation in the Junior Police Academy Program.

I **ACKNOWLEDGE** that my participation in the Junior Police Academy program and any continued educational training is strictly voluntary and does not grant employment rights, employee benefits, or a vested/liberty interest as an employee with the City of Senolia.

I **ACKNOWLEDGE** that my participation in the Junior Police Academy and any continued disaster educational training may cause me to view possible graphic and/or hazardous emergency photographs or scenes.

I **WILL** have a good attitude every day and be respectful to everyone.



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## WAIVER OF LIABILITY

STUDENT NAME (PLEASE PRINT) \_\_\_\_\_

I **ACKNOWLEDGE** and **AGREE** to exercise reasonable care while participating in any of the Junior Police Academy program. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to because of my participation with the Junior Police Academy.

I **AGREE** to abide by all instructions given to me by the Senolia Police Department personnel and other instructors and safety officers while participating in the Junior Police Academy and **I UNDERSTAND** if I fail to follow the instructor's rules/regulation, or if I fail to exercise reasonable care, I can be administratively removed from the program.

While participating in any Junior Police Academy training, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by the Senolia Police Department, the State of Georgia, or other entities. **I agree that I will not release ANY information, items obtained by me, or sensitive materials that I may become privy to in the course of my participation in the program.**

**While participating in the Junior Police Academy, I agree to advise the program coordinator, immediately, of any interaction I may have with any law enforcement official involving a criminal investigation against me or my arrest.**

**I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS** City of Senolia from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the Junior Police Academy program.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTAILRY INTEND TO RELEASE AND INDEMNIFY CITY OF SENOLIA, SENOLIA POLICE DEPARTMENT, SENOLIA, GEORGIA FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE JUNIOR POLICE ACADEMY PROGRAM.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
WITNESS

**THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE JUNIOR POLICE ACADEMY PROGRAM.**



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## LIKENESS WAIVER

### Release and Waiver of Liability

I am an adult (or the parent/legal guardian of a minor child).

I authorize the Senoia Police Department and City of Senoia to use my name and display my image and likeness (or the likeness of said minor child) on the Police Department's website or medial publications, brochures, broadcasts, telecasts, or newspaper articles.

This authorization shall remain in effect until revoked by me in writing.

By offering my signature below, I acknowledge acceptance of this waiver and agree to allow the use of my (or said minor child's) likeness from any photos or video taken that specifically involve activities related to the Senoia Police Department Junior Police Academy.

I understand that the photos or videos could be used to advertise and/or promote the Police Department's community relations activities.

I CONSENT

I DO NOT CONSENT

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Parent/Legal Guardian Authorizing Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name (please print)

\_\_\_\_\_  
Witness

