

Youth Citizen Academy



Student Application Packet

Session XIII

Wednesday nights from 6:30 – 8:30 p.m.

February 12, 2020 thru March 25, 2020



APPLICANT PERSONAL INFORMATION

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

DATE OF BIRTH _____

HIGH SCHOOL _____ GRADE _____

ADDRESS

PHONE (HOME) _____

(CELL) _____

E-MAIL ADDRESS

PARENT/GUARDIAN INFORMATION

NAME _____

RELATIONSHIP TO APPLICANT _____

ADDRESS _____
(If different than applicant)

PHONE: (HOME) _____

(WORK) _____

(CELL) _____



**Meridian Township Police
Youth Citizen Academy
WAIVER OF PARTICIPATION**

MINOR CHILD AUTHORIZATION FOR EMERGENCY & ROUTINE MEDICAL TREATMENT AND RELEASE OF LIABILITY, AND CRIMINAL BACKGROUND CHECK WAIVER.

As parent/legal guardian, of _____, a minor child, I give my permission to the Charter Township of Meridian Police Department, ("Township") its employees, representatives and volunteers, to obtain or provide such emergency or routine medical treatment for the above named minor child as they, in the exercise of their discretion, deem necessary or appropriate while he/she is participating in any activity offered by the Township. Further, in consideration of the Township's making this activity available to the above named minor child, I, for myself, the minor child, and anyone claiming under or through him/her, hereby release and discharge the Township, its employees, representatives and volunteers from all liability, claims, demands, and actions, regardless of kind or character, connected with, arising out of, or in any way related to the above named minor child's participation in such activity. I hereby authorize the meridian Township Police to conduct a check of criminal records for the purpose of evaluating my application.

Parent/Legal Guardian Signature: _____

Date: _____ Telephone Number: _____

CONSENT TO PHOTOGRAPH/VIDEOTAPE AND DISSEMINATE WITHOUT COMPENSATION

As parent/legal guardian of _____, a minor child, I hereby consent to his/her being photographed/videotaped while participating in any activity offered by the Charter Township of Meridian, ("Township"). In addition, I consent to the reproduction and use of any such photographs and videotapes by the Township for educational, informational, public relations and promotional purposes and I waive any claim by myself, the above named minor child, or anyone claiming under or through us, for compensation of any kind in exchange for such photographs, videotapes and use.

Parent/Legal Guardian Signature: _____

Date: _____