



Pleasanton Police Department

Teen Academy Application

Presented by Pleasanton police officers, participants have an opportunity to learn about patrol, dispatch, SWAT, and K-9. Must be 14-18 years old to participate. Sessions are held Tuesday-Thursday between 2-5 PM.

APPLICANT INFORMATION			
Name:			
Date of Birth:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to share
Address:			
Phone:		E-mail:	
School:		Grade:	
PARENT/GUARDIAN INFORMATION			
Name:			
Phone:		E-mail:	
EMERGENCY CONTACT (IF DIFFERENT FROM PARENT/GUARDIAN)			
Name:			
Cell Phone:		Work Phone:	
QUESTIONNAIRE			
Briefly explain why you are interested in attending the Teen Academy.			
How did you hear about the Teen Academy?			
If accepted, will you be able to attend all the sessions?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been arrested?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, briefly explain when, where, and the circumstances of the incident:			

By signing this form, I grant Pleasanton Police Department permission to conduct a limited background check for criminal history. I understand this course may include light physical activity, exposure to simulated firearms and graphic subject matter.

Applicant's signature: [_____]

Date: [_____]

Parent's/Guardian's signature: [_____]

Date: [_____]



Pleasanton Police Department

Teen Academy - Release of Liability

In consideration for participation in the City of Pleasanton’s Teen Academy Program, I hereby agree to hold harmless and release the City of Pleasanton (including its city council, officers, and employees) from any and all liability, claims, losses, costs, damages, injuries to person or property (including death), and expenses (including attorneys’ fees) that may occur as a result of my participation in the Police Department’s Teen Academy program. This Release of Liability shall similarly bar my heirs, executors, administrators, or assigns from making any claims for damages or demands related to my participation in the Teen Academy Program.

I acknowledge that the Teen Academy Program provides training and activities that include a certain amount of risk; I voluntarily assume that risk when signing this Release of Liability. I acknowledge that the Teen Academy Program will involve training, activities, and risks that include but are not limited to:

Ride-a-longs with officers in the field and on patrol; travel to and from field trips, and off-site locations; contact with the public, firearms handling, and SWAT scenarios; police dog or K-9 training scenarios; physical fitness exercises.

I attest that I am physically fit and that I have sufficient knowledge about the dangers of police training exercises and my participation in the Teen Academy program. I understand that persons involved in Teen Academy Programs may be subject to personal injuries, such as, but not limited to, dog bites, broken bones, lacerations, eye and ear injuries, and personal property damages as a consequence thereof. Knowing these risks, I hereby agree to assume those risks and to release and hold harmless the City of Pleasanton, its City Council, officers, and employees, who through negligence or carelessness might otherwise be liable to me, my heirs, administrator, or assigns for damages.

MY PARTICIPATION IN THE TEEN ACADEMY PROGRAM IS VOLUNTARY. I AGREE TO PARTICIPATE IN THE PROGRAM AT MY OWN RISK. Applicant’s initials [____]

I AGREE TO ACCEPT AND ABIDE BY THE RULES AND ORDERS GIVEN BY THE PLEASANTON POLICE PERSONNEL. Applicant’s initials [____]

I HAVE READ AND UNDERSTAND EVERYTHING WRITTEN ABOVE AND BY MY SIGNATURE ACKNOWLEDGES THIS UNDERSTANDING.

Applicant’s signature: [_____]

Date: [_____]

I ATTEST I AM 18 YEARS OF AGE OR OLDER. IF NOT, MY PARENT HAS SIGNED BELOW. D.O.B.: [_____] Applicant’s initials [____]

Parent’s/Guardian’s signature: [_____]

Date: [_____]



Pleasanton Police Department

Teen Academy - Media Release Form

I, _____, hereby **grant permission** to the Pleasanton Police Department, its employees or representatives, to take and use any and all **photographs/digital images, video/digital tape recordings, audio recordings**, of me for use in promotional, educational, or other materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).

The indefinite use of these materials is authorized by me without compensation. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of the Pleasanton Police Department.

Applicant's Name:	
Address:	

Applicant's signature: [_____]

Date: [_____]

RELEASE FOR MINOR CHILDREN (Under 18 years)

I, _____, parent/guardian of (Child's name) _____, hereby **grant permission** to the Pleasanton Police Department's employees or representatives, to take and use: **photographs/digital images, video/digital tape recordings, audio recordings, and/or quotations**, of my child for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, web sites. In addition, I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the images. I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video or audio recordings shall be the property of the Pleasanton Police Department.

Name of Parent/Guardian:	
Address:	

Parent's/Guardian's signature: [_____]

Date: [_____]