



SCOTTS VALLEY JUNIOR POLICE ACADEMY

Recruit Information Sheet

Identification and Emergency Information

Recruit's Name _____
 Sex ____ Birthdate _____ Height _____
 Mother's Name _____
 Address _____
 City _____ State ____ Zip _____
 Phone _____ Alternate _____
 Father's Name _____
 Address _____
 City _____ State ____ Zip _____
 Phone _____ Alternate _____

Child lives with () Mother () Father () Both

IN CASE OF EMERGENCY, CALL (OTHER THAN PARENTS)

Name _____ Phone _____
 Relationship _____
 Name _____ Phone _____
 Relationship _____
 Name _____ Phone _____
 Relationship _____

MEDICAL INFORMATION

As parent or legal guardian, I hereby give consent to the City of Scotts Valley to provide all emergency medical or dental care prescribed by a duly licensed physician (M.D.) or dentist (DDS) for my child _____ (print child's name).

Signature _____ Date _____

Please list any allergies to medications, foods, or environment I.e. bee stings, that your child may have:

Doctors Name and Phone _____

Dentists Name and Phone _____

Waiver and Release (on minor's behalf) and Field Trip Permission Form

The undersigned _____ as the parent/guardian of _____, a minor, for and in consideration of participation in programs sponsored by the City of Scotts Valley, does hereby agree, for and on behalf of himself/herself and for and on behalf of said minor child to indemnify and hold City harmless and forever waive and release the City from any and all liability for any injury of any nature whatsoever, including, without limitation, bodily injury and/or property damage or loss which may be suffered by the undersigned and/or said minor child arising out of, in any way connected with, or in any manner or fashion resulting from, participation of said minor in the above-mentioned program.

Signature _____ Date _____

Children enrolled in City of Scotts Valley program may participate in field trips throughout the program's duration. Trip destinations will be reached by walking, and private carrier. It is the parent's responsibility to determine their child's ability to participate in field trips.

As parent or legal guardian, I fully understand that the City of Scotts Valley programs include field trips and I am aware of the means of transportation that will be utilized. I agree that my child can participate in all the field trips planned for the recreation programs in which he/she is enrolled.

Parent/Guardian Signature _____

Date _____

Pick Up Authorization

In addition to you, only persons listed below will be allowed to pick up your child from the program. Identification will be required of those listed below.

Please choose a password _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____