

# Littleton Police Department Student Academy

## 2017 Application Form

This form needs to be completed and returned to the dispatch window of the Littleton Police Department no later than July 07, 2017. All applicants are required to attach a copy of a doctor's physical exam, similar to that required for participation in school athletics, to this application form. Academy uniforms will be provided and must be worn at all times during the academy. Each participant will be required to provide their own athletic footwear, suitable for running, which will be the footwear worn during all academy hours. The academy staff (Littleton Police Department) reserves the right to dismiss any participant as a result of inappropriate conduct or for failing to comply with academy rules.

Academy Session requested: \_\_\_\_\_ July 24 - July 28, 2017

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Grade as of June 2017: (circle) 7 8

Phone \_\_\_\_\_ Known Allergies \_\_\_\_\_ Age \_\_\_\_\_

Email address \_\_\_\_\_ (of parent/guardian)

Physical Limitations \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Shirt Size (Adult) \_\_\_\_\_small \_\_\_\_\_medium \_\_\_\_\_large \_\_\_\_\_x-large

### Waiver/Release

In consideration of this application, I hereby, for myself, and/or my child, my heirs, executor, and administrator, waive and release any and all rights and claims for damages I and/or my child(ren) experience against the Town of Littleton, Massachusetts, town employees, police department, and academy instructors. I understand the risks involved with moderate physical exercise, including running. I authorize the Littleton Police Department academy staff to seek emergency medical care in the event that I cannot be reached. I will assume all costs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_