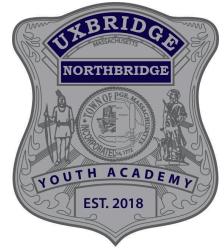
Youth Police Academy Registration Form 2024

Town of Northbridge Police Department 1 Hope Street Whitinsville, MA 01588 Telephone: (508) 234-6211 Fax: (508) 234-9021 Town of Uxbridge Police Department 275 Douglas Street Uxbridge, MA 01569 (508)-278-7755 (508)-278-7874



Youth Police Academy Coordinators: Officers Thomas DeJordy & Daniel Deveau e-mail: <u>tdejordy@nps.org</u> or <u>ddeveau@uxbridge.k12.ma.us</u>

Please complete and return this application along with the *Parental Consent and Release Form* to either the Northbridge or Uxbridge Police dispatch window no later than *June 30th, 2024*. All applicants are required to attach a copy of the student's most recent doctor's physical exam, similar to that required for participation in their school athletics, to this application form. Academy uniforms will be provided by the department and must be worn at all times during the academy. Each participant will be required to provide their own plain black athletic shorts (knee length) and athletic footwear (suitable for running) which will be worn throughout the academy program. The academy staff reserves the right to dismiss any participant as a result of inappropriate conduct or for failure to comply with any academy rules. Admission to the Youth Police Academy is open to any Northbridge or Uxbridge residents. In an effort to open the academy to new students, if you participated in any previous academy program your application will be reviewed after *new* applicants are accepted. Any remaining slots will be filled with previous attendees on a first come first serve basis. Academy class is limited to <u>25 students only</u>. Parents/guardians are responsible for transportation for their participants to and from the academy each day. Academy hours are from 8:30am to 2:00 p.m. each day. All forms must be returned by <u>June 30th, 2024</u>. No exceptions.

Please circle the week you would like to attend

Week #1- July 15th-14th Uxbridge High School

or

Week #2- August 5th-9th Northbridge High School

Child's Name:	Male/Fem	Male/Female:		
Address:	Town/City:	Zip:		
Home Phone:				
Grade as of date of 2024 School Year: (Ci	r cle) 5 6 7 8 School:			
Parent/Guardian Name:	Work Phone:			
Parent Cell Phone:				
Emergency Contact (other than parents):		_ Phone:		
Relationship to Child:				
Food Allergies/Intolerances:				
Have you previously attended the Northbu	ridge or Uxbridge Youth Police Acader	my? <u>Yes No</u>		

Please list any physical disabilities that would restrict participation in programs (i.e. asthma, allergies to bee stings, medication being taken, tubes in ears, etc): _____

E-Mail Address: ____

I give permission for my child's picture to be taken for program scrapbooks/DVD video, local access television, newspaper, YouTube, etc. ______(parent/guardian initials)

Participant Shirt Size (Adult size) (circle): Small	Medium	Large	X-Large
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In the space provided below, please write a short paragraph as to why you would like to attend the 2024 Youth Police Academy.

*****Applicants will be notified by email or phone call of their acceptance into Academy.

*****There will be a mandatory parent meeting the week prior to the academy. For the week in Uxbridge, the parent meeting will be on Thursday, July 11th at 5:30 P.M. at Uxbridge High School. For the week of the Northbridge Academy, parent meeting will be Thursday, August 1st at 5:30 P.M. at the Northbridge Police Department. Parents and children must attend.