

# BECKLEY POLICE DEPARTMENT

## JUNIOR POLICE ACADEMY

### Participant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

T-shirt size: (ADULT) \_\_\_\_\_ Male <circle> Female

### Parent/ Guardian(s)

Mother <circle> Guardian Email: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father <circle> Guardian Email: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact (If parent/guardian(s) above cannot be reached.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Confidential Medical Information

Is your child under a physician's care now? Yes <circle> No

Have you ever been medically advised not to allow your child to play sports? Yes <circle> No

List any allergies, physical disabilities, required medication or other needs your child may have:

\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, transport my child to the following hospital: \_\_\_\_\_

Activities in which the child cannot participate: \_\_\_\_\_

I have insurance coverage on my participating child that will be in effect for the duration of the program indicated above with:

Insurance Company: \_\_\_\_\_ Group ID: \_\_\_\_\_ Policy #: \_\_\_\_\_

**GPA:** \_\_\_\_\_

**Teacher/Administrative Sponsor:** \_\_\_\_\_