



Cibolo Police Department 2019 Junior Police Academy

Calling all Cibolo young people age 10 - 13 years old who have interest in law enforcement. Cadets will learn how to fingerprint, collect evidence, tour the police department and more. They will also hear from Guadalupe County SWAT, Cibolo Fire/EMS, Cibolo PD K9 and others. Additionally, there will be a trip to the Guadalupe County Juvenile Detention Facility in Seguin. Each day there will be a physical fitness training session. Please wear appropriate clothing and footwear.

Alpha Class: June 3-7

Bravo Class: June 10-14

8am-12pm daily. There will be a graduation ceremony at 11:30am at City Hall on Friday.

*Cadet can only attend one class. A minimum of 15 cadets is required for a class. Preference will be given to first time attendees and Cibolo residents.

Applications and liability forms are available at www.cibolotx.gov and at the front desk during normal business hours.

There is no cost for the program. Donations are accepted. Cadets receive tshirt, wristband and graduation certificate. Snacks and water are provided daily. Tshirts are to be worn daily. Cell phone use is not allowed.

*Please note this is not a "Scared Straight" or "Turning Point" program designed to discipline but an opportunity for career exploration.

Questions? Visit us at 162 Loop 539 East, Cibolo or call (210) 659-1999. Follow us on Twitter and Instagram @cibolopd for live tweets, pics and videos during the camps. #JPA2018

----- Parents keep this page -----



Application for the Cibolo Police Department Junior Police Academy

Please complete one application for each child and print **legibly**.

Applicant's Name: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Gender: _____

Highest Grade Completed: _____

School: _____ Email: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number (_____) _____ - _____

Work Number (_____) _____ - _____

Emergency Contacts

Name: _____

Address: _____

Relationship: _____ Best Contact Phone: (_____) _____ - _____

Name: _____

Address: _____

Relationship: _____ Best Contact Phone: (_____) _____ - _____

T-Shirt Size (circle one): S M L XL (adult sizes only)

For each camp to be held there has to be a minimum of 15 cadets for each camp.

Place a 1, 2, or 3 in the spaces below with 1 being the most preferred:

_____ Alpha Class June 3-7 **Deadline for application: May 27**

_____ Bravo Class June 10-14

_____ Waiting List

Please indicate any food allergies, necessary medications (with amount and time of day) or special needs.

Parent or guardian please initial on each blank indicating you understand each.

_____ This program is not a "Scared Straight" or "Turning Point" program meant to discipline my child.

_____ Attendees may be dropped off between 7:30am and 8:00am and picked up between 12:00noon and 12:30pm each day unless prior arrangement is made with CPD staff.

_____ The graduation ceremony will be **Friday at 11:30am** at city hall.

_____ I have completed the Certifications and Release of Liability

My child has attended _____ previous Cibolo Police Department Junior Academies. Preference will be given to those who have not attended previous academies.

How did you hear about the Cibolo Police Department Junior Academy? _____

Please return this form to the Cibolo Police Department attention Officer Schima at 162 Loop 539 East or P.O. Box 826, Cibolo, TX 78108. (Please print legibly)



Cibolo Police Department Release of Liability



I, the undersigned parent or legal guardian, certify that my child is at least (10) years old. I understand that falsification of any information on this form may disqualify my child from the program.

RELEASE OF LIABILITY AND INDEMNITY:

I, the undersigned, certify that I have the legal authority to execute this release on behalf of my child, named below.

In consideration for the acceptance of my child’s registration in the Junior Police Academy, I, the undersigned, binding my heirs, executors, administrators and assigns, do hereby release and agree not to hold liable, the City of Cibolo, its elected officials, officers, agents and employees from any and all action, claim, demand, or damage arising from or resulting from property damage, personal injuries or death sustained by my child or my property while my child participates in the Cibolo Police Department Junior Police Academy. I further agree, binding my heirs, executors, administrators and assign, to indemnify, hold and save harmless, City of Cibolo, its elected officials, agents, officers and employees from any liability, actions, claims, damages, awards or judgments incurred or suffered by the City or individuals as a result of any act or omission by my child, or caused in part by a person indemnified hereunder. **Initial:** _____

I assume complete and full responsibility for any injury that may occur to my child and/or intentionally caused by my child. In case of accident or illness, the adult in charge, at his/her discretion has my permission to take my child to a physician and/or hospital. I fully understand that I will be liable for all cost(s) incurred. **Initial:** _____

GUADALUPE COUNTY JAIL TOUR RELEASE OF LIABILITY:

I, the undersigned, grant permission for my child to participate in the Guadalupe County Jail tour.

I certify that I will not hold the County of Guadalupe or the Guadalupe County Sheriff’s Office, any of its elected officials, officers, agents and employees, legally or financially responsible for any injuries or accidents that occur during the scheduled tour. **Initial:** _____

PERMISSION TO ATTEND:

By signing this document I acknowledge that I have given my authorization for my child to attend the Junior Police Academy and travel to Seguin, Texas to tour the Guadalupe County Sheriff’s Office. Initial: _____

PERMISSION TO PHOTOGRAPH:

As part of the Junior Police Academy, photos will be taken to be placed in local newspapers, social media, the city website and promotional material. There may also be media coverage of the academy as well as video to be used by the Police Department. I authorize the photograph of my child for this purpose. **Initial:** _____

Child’s Name: _____ Date of Birth: _____

Printed Name of Parent or Guardian: _____ Date of Birth: _____

Parent or Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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