

**Waltham Police Youth Academy**  
**Membership Application**

Please Print

Date Joined \_\_\_\_\_

\_\_\_\_\_  
Participants Name

\_\_\_\_\_  
Age

M or F  
Gender

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

State

Zipcode

\_\_\_\_\_  
Parent(s) or Guardian

Relation

Living with them? Yes \_\_\_ No \_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

In Case of Emergency, notify: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please Read and Sign Below

In addition to this completed membership application, a **signed** accident waiver and release from liability form must also be on file before a new member can participate in the Waltham Police Youth Academy. The original waiver form **must** be in possession of the officer throughout the academy.

I, \_\_\_\_\_ agree to follow all rules and regulations  
(Participants Signature)

Concerning conduct and dress while participating in the Waltham Police Youth Academy. Should I violate these, I understand that I may be subject to expulsion from the program.

