

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.

