



Lexington Police Youth Academy

Membership Application

Please Print:

Date Joined _____

Participants Name

Age

Gender

Date of Birth

Address

Telephone

City

State

Zipcode

Parent(s) or Guardian Name

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 Lexington 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 concerning
(Participants Signature)

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

This form may be filled out online, but must be printed, signed and brought or mailed to:
Police Department
1575 Massachusetts Ave.
Lexington, MA 02420