



# Lexington Police Youth Academy

## Membership Application



Please Print:

\_\_\_\_\_  
Date

Academy Date (urgew'3): July 13 - July 24, 2020  
(Session one)

August 3 – August 14, 2020  
(Session two)

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

\_\_\_\_\_  
Age

\_\_\_\_\_  
Gender

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

\_\_\_\_\_  
Email :( participant)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

\_\_\_\_\_  
Relation

Living with them? [ gu.....P q

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

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

Email: \_\_\_\_\_

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

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, \_\_\_\_\_ (Participants Signature) agree to follow all rules and regulations concerning 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 academy.



## Accident Waiver Form & Release from All Liability

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

Please list any and all physical/medical conditions that may affect participation in the physical activities of the Lexington Police Youth Academy.

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

List any medications participant is taking: \_\_\_\_\_

Family Dr.: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

### Parents/Legal Guardian

I, \_\_\_\_\_ release the Town of Lexington and all of its officers, employees, agents, and the Lexington Police Youth Academy from any and all liabilities or responsibilities pertaining to accidents, injuries, deaths, or complications resulting from activities, or while transporting participants to or from activities. I authorize the Lexington Police Youth Academy leadership to transport the above named participant to the nearest hospital in case of injury while the participant is involved in Youth Academy activities. I authorize the hospital attending physician to administer necessary emergency professional medical care to the above named participant upon his/her arrival at the hospital.

**Photography and Video**

During the course of the week in which your child participates in the Lexington Youth Academy, he or she may be photographed or recorded. Please initial below to indicate your understanding and authorization.

Initials: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**NOTE: This form must be completed and signed before the named participant can be assigned to the program.**



## **Hold Harmless & Release Form**

The undersigned, parents or guardians of \_\_\_\_\_, a member of the Lexington, Massachusetts Police Department Police Youth Academy, hereby indemnifies and holds harmless the Town of Lexington, Massachusetts and its servants, agents, and employees, specifically including any and all police officers or personnel involved with the supervision and control of the Police Youth Academy from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of

\_\_\_\_\_, his/her parents, siblings, or heirs. This indemnity and hold harmless agreement shall be considered a complete and total waiver of any liability on the part of the Town of Lexington, Massachusetts, its servants, agents, or employees, and particularly the police officers engaged in the supervision and control as set forth herein above.

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Parent

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Parent

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Date



# Lexington Police Department

## CONFIDENTIALITY WAIVER

**WHEREAS,** The Lexington Police Department wishes to provide law enforcement training to the police explorers, who are private citizens, and

**WHEREAS,** during the course of such training the recipients will have access to documents and information declared by law to be confidential, including, without limitation, criminal investigation reports, photographs, fingerprint cards, and criminal records, and

**WHEREAS,** the Town of Lexington may become liable for the release of confidential documents and information, and

**WHEREAS,** the Town of Lexington wishes to obtain assurance that private citizens participating in the explorer program will not release confidential information without authorization.

**NOW, THEREFORE,** in consideration of law enforcement training which the Lexington Police Department will provide, the undersigned recipient of such training agrees to indemnify the Town of Lexington and its employees for any judgement or settlement of a claim based upon the unauthorized release or dissemination of confidential documents or information by the undersigned.

Date: \_\_\_\_\_

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Participant Signature

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Parent/Guardian signature