



RIPON POLICE DEPARTMENT



ADVANCED JUNIOR POLICE ACADEMY

DATE: **July 11 – July 22, 2011 (two weeks)**

CLASS TIME: 08:00 a.m. – 12:00 p.m.

LOCATION: 259 N. Wilma Ave (Police Station)
Ripon, CA 95366

COST PER STUDENT: \$45.00

Students receive a “Junior Police Academy” T-Shirt, Ball Cap, Binder, and certificate of Completion.

QUALIFICATIONS: “B” average, no criminal contact with the Ripon Police Department. (Report card must accompany the application.)

STUDENTS WILL PARTICIPATE IN THE FOLLOWING CLASSROOM ACTIVITIES:

- * CPR/First Aide Certification (4 hour class)
- * Physical Training
- * Driver Simulation
- * Basic Defensive Tactics
- * Field Trips
- * Student Ride Along With the Ripon Police
- * Guest Speakers from Federal, State, and Local Government



Class size is limited to 25 students. Call Officer Scott Lindsay at 599-2102 if you have any questions.

**RIPON POLICE DEPARTMENT
259 N. WILMA AVE.
RIPON, CA 95366
(209) 599-2102**

**LIABILITY RELEASE FORM
(PLEASE PRINT OR TYPE)**

I, the undersigned, _____, residing at _____,
County of San Joaquin, State of CA, being the parent or legal guardian of _____,

Do hereby give my permission for him/her to attend the Ripon Police Junior Police Academy and in consideration of allowing him/her to participate in Junior Police Academy, city of Ripon, the Ripon Police Department's employees, agents, successors, assigns and all others who may be liable from all claims, present and future, known or unknown, in any manner arising out of his/her participation in the Ripon Junior Police Academy.

I also acknowledge that my child, _____ has no limiting medical conditions and is fully capable of participating in the program.

I appoint the Ripon Police Department to act in my place. This appointment is for the purpose of securing benefits and expressly includes the authority to sign releases to physicians who may render emergency medical care and services. I promise to assume liability for payment of all such professional services, and to reimburse the City of Ripon for any expense that may be incurred for treatment, care, drugs, and other services for my child, _____.

In consideration of all above as well as the supervision provided on my behalf and on behalf of my child, _____ . I hereby agree to hold the Ripon Police Department, City of Ripon employees, agents, successors, assigns, its agents and all others who may be liable, harmless for results of any decision it may make in connection with the care and treatment of my child, _____.

I agree that if my child's behavior is such that it endangers the welfare of the entire group, the Ripon Police Department has my permission to send him/her home.

Signature of Parent/Guardian

Date

