



RIPON POLICE DEPARTMENT



JUNIOR POLICE ACADEMY

DATE: Basic: **June 12th – 16th 2017**

Deadline for applications will be **May 15, 2017**

CLASS TIME: 08:00 a.m. – 12:00 p.m.

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

AGES: 11 – 13 years (6th – 8th grade)

COST PER STUDENT: **\$25.00**

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

QUALIFICATIONS: “C” 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 (basic information)
- * Physical Training
- * Introduction to Criminal Law
- * Police Training Videos
- * Mock Traffic Stop
- * Evidence Collection
- * Fingerprinting
- * Guest Speakers from various law enforcement agencies



Class size is limited to 25 students. Call Officer Leroy Sanchez 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

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**RIPON POLICE DEPARTMENT
BASIC J.P.A.
SUMMER CAMP**

Student Name: _____ Age: _____

Address: _____

City _____ ST _____ Zip _____

Home Phone # _____ Work Phone# _____

Last Class Completed: 6th 7th 8th (Circle One)

Adult Shirt Size - S M L XL XXL (Circle One)

Student must complete this portion: Please give a short description of your views on the following topic – **“Why you want to be considered for a seat in the J.P.A.”** (Please print clearly).

Students Signature: _____ Date: _____

****NOTE: Be sure to attach a copy of your most recent report card.**