



# RIPON POLICE DEPARTMENT



# ADVANCED JUNIOR POLICE ACADEMY

**DATE:** July 11<sup>th</sup> – July 22<sup>th</sup>, 2016 (two weeks)

**Deadline for applications will be** June 15th, 2016

**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, 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
- \* Guest Speakers From Other 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

**A**

**RIPON POLICE DEPARTMENT**

**D**

