



RIPON POLICE DEPARTMENT



ADVANCED JUNIOR POLICE ACADEMY

DATE: **July 8th – July 19th, 2019 (two weeks)**

Deadline for applications will be Friday: June 28th, 2019

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, Course Binder, Water Bottle and a Certificate of completion.

QUALIFICATIONS: Completion of the Basic J.P.A. Course.
“C” average, no criminal contact with the Ripon Police Department. (Report card must accompany the application.)

STUDENTS WILL PARTICIPATE IN THE FOLLOWING CLASSROOM ACTIVITIES:

- * Physical Training
- * Mock Traffic Stops
- * DUI Enforcement
- * Investigative Scenarios
- * CPR/First Aide Certification
- * Basic Defensive Tactics
- * Field Trips
- * Guest Speakers from Other Law Enforcement Agencies



Class size is limited to 25 students.

Applications accepted on a first-come, first-served basis.

Call Officer Trevor McGinnis 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

