

SYKESVILLE POLICE DEPARTMENT

Junior CSI Academy Application

LAST NAME : _____ FIRST NAME : _____ MI : _____

ADDRESS : _____ CITY / STATE: _____ ZIP CODE : _____

HOME PHONE: () _____ PARENT CELL PHONE: () _____

PARENT EMAIL : _____ NAME OF SCHOOL: _____
PRINT LEGIBLY

BIRTHDAY : _____ GRADE COMPLETED : _____

PARENTS NAME: _____ ADDRESS: _____

EMERGENCY CONTACT : _____ EMERGENCY PHONE NUMBER: _____

HAVE YOU COMPLETED THIS ACADEMY IN THE PAST? _____

WHAT ARE YOUR INTERESTS?

WHY DO YOU WANT TO ATTEND OUR JUNIOR CSI ACADEMY?

WHAT DO YOU HOPE TO GAIN FROM THE ACADEMY?

*Fax application to (410) 795-8864 or
Bring to the Sykesville Police Department, 7547 Main Street, Sykesville MD 21784, (410) 795-0757*

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PERMISSION STATEMENT

AS THE PARENT OR LEGAL GUARDIAN OF _____, I
AGREE TO HAVE MY CHILD PARTICIPATE IN THE PROGRAM LISTED AS "CSI
JUNIOR ACADEMY". I UNDERSTAND THAT ADEQUATE SUPERVISION WILL BE
PROVIDED FOR MY CHILD.

I FURTHER AGREE TO RELEASE AND HOLD HARMLESS THE TOWN OF
SYKESVILLE, ITS EMPLOYEES AND AGENTS IN THE EVENT OF PERSONAL
INJURY OR DAMAGE ARISING FROM PARTICIPATING IN THIS PROGRAM.

I GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED BY AMBULANCE TO
THE HOSPITAL IF I CANNOT BE REACHED AT THE TIME OF INJURY OR
INCIDENT.

**I agree to have my child participate in a minimum of 3
classes in order to receive a certificate for the
completion of the academy.**

STUDENT'S NAME

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

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