

**SYKESVILLE POLICE DEPARTMENT
JUNIOR CSI ACADEMY APPLICATION
JUNE 2008**

LAST NAME : _____ FIRST NAME : _____ MIDDLE INITIAL : _____

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

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

EMAIL ADDRESS : _____ T-SHIRT SIZE (S/M/L/XL) _____

BIRTHDAY : _____ GRADE COMPLETED : _____ NAME OF SCHOOL : _____

PARENTS NAME : _____ ADDRESS: _____

EMERGENCY CONTACT : _____ EMERGENCY PHONE NUMBER : _____

WHAT ARE YOUR INTERESTS?

WHY DO YOU WANT TO ATTEND OUR JUNIOR CSI ACADEMY?

WHAT DO YOU HOPE TO GAIN FROM THE ACADEMY?

PLEASE FAX @ (410) 795-8864 OR DROP OFF YOUR APPLICATION

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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.

CHILD'S NAME

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

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