

**STOCKTON POLICE YOUTH ACTIVITIES
APPLICATION**

(Please Print or Type)

APPLICANT'S NAME: _____
Last First Middle

ADDRESS: _____
Street City Zip Code

DATE OF BIRTH: _____
Month Day Year Age

PHONE: _____
Home Cell

EMAIL: _____

CALIFORNIA DRIVER LICENSE OR IDENTIFICATION CARD: _____
Number

SOCIAL SECURITY CARD: _____
Number

SCHOOL: _____
Name Grade

EMPLOYER: _____
Name Address Phone

EMERGENCY CONTACT PERSON: _____
Name Address Phone
Relationship

REFERENCES: _____
Name Address Phone

Name Address Phone

HAVE YOU EVER BEEN CONTACTED BY A LAW ENFORCEMENT AGENCY BEFORE? (If yes, explain)

PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Stockton Police Youth Activities, I hereby authorize the Stockton Police Department to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that all available police and criminal records will be checked and the information will be used in determining eligibility for the Stockton Police Youth Activities. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant Date

Signature of Parent or Guardian (if under 18 years old) Date

PROGRAM: _____
Boxing
(Junior Cadets, Boxing, Karate, Junior Police Academy, Youth Leadership or Other (Specify))

POSITION: _____
Athlete
(Junior Cadet, Athlete, Coach, Volunteer, Board Member, Instructor or Other (Specify))

**STOCKTON POLICE YOUTH ACTIVITIES AND CITY OF STOCKTON
LIABILITY RELEASE FORM**

(Please Print or Type)

I, the undersigned, (Parent's Name) _____ residing at (Address) _____, County of San Joaquin, State of California, being the parent or legal guardian of (Participant's Name) _____, do hereby give my permission for him / her to participate with the Stockton Police Youth Activities.

I voluntarily and knowingly release and discharge the Stockton Police Youth Activities, City of Stockton, 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 with the Stockton Police Youth Activities. I also acknowledge that (Participant's Name) _____ has no limited medical conditions and is fully capable of participating in the program.

I appoint the Stockton Police Youth Activities to act in my place, in the event that (Participant's Name) _____ should require medical attention while involved in the Stockton Police Youth Activities. This appointment is for the purpose of securing benefits for the health and welfare of (Participant's Name) _____ 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 Stockton Police Youth Activities for any expense that may be incurred for treatment, care, drugs, and other services for (Participant's Name) _____.

In consideration of all above as well as the supervision provided on my behalf and on behalf of (Participant's Name) _____, I hereby agree to hold the Stockton Police Youth Activities, agents, successors, assigns, and all others who may be liable, harmless for results of any decision it may take in connection with the care and treatment of (Participant's Name) _____.

I agree that if the above mentioned participant's behavior is such that it endangers the welfare of the entire group, the Stockton Police Youth Activities has my permission to send him / her home.

I agree that I am responsible for the transportation of (Participant's Name) _____ to and from functions.

I agree that photographs and / or videotapes may be taken of (Participant's Names) _____ while he / she is involved with the Stockton Police Youth Activities.

Signature of Parent or Guardian

Date

Home Address

Home Telephone

City State Zip

Work Telephone

Cell Phone

Subscribed and sworn to before me the _____ (day) of _____ (month) of 20____.

Stockton Police Youth Activities Board Member

Title

