

IMPORTANT INFORMATION

1. **Please fill out the Junior Police Academy application in its entirety.** The Application consists of three forms: Application for Enrollment, Waiver of Liability and Likeness Waiver. The Application and Waiver of Liability must be signed by the applicant's parent/legal guardian. Completing and signing the Likeness Waiver is optional.

2. **Class members must be between the ages of 11 and 16.**

3. Return completed application and waiver(s) by **April 3rd 2023** to the Peachtree City Police Department's front desk, e-mail psmilley@peachtree-city.org or mail to:

Peachtree City Police Department
350 Highway 74 South
Peachtree City, Georgia 30269
(ATTN: Cpl. P. Smilley)

4. The Chief of Police has final approval of all applicants and reserves the right to deny entry to any applicant. Accepted applicants will be notified by mail and/or e-mail.

5. Classes will be held at the Peachtree City Police Department, located at 350 South Hwy 74, Peachtree City, Georgia.

6. **Two JPA programs will be held this summer.** The first JPA program will be on **Monday June 12th to Friday June 16th from 8:30 A.M. to 3:00 P.M.** The second JPA program will be on **Monday June 26th to Friday June 30th from 8:30 A.M. to 3:00 P.M.** Please indicate on the application for enrollment, which program you wish to attend. **You may only sign up for one JPA program.**

7. Dress code for class is casual, but please wear comfortable clothes that can get dirty or damaged and no open-toe shoes (sandals, flip-flops, crocs).

8. Please make every effort to attend each training session. If you are unable to attend any of the sessions, notify one of the person(s) listed below:

Officer Paul Smilley
Work Phone: (770) 487-8866
E-mail: psmilley@peachtree-city.org

Officer Monica Lacourly
Work Phone: (770) 487-8866
E-mail: mlacourly@peachtree-city.org

10. **Students will need to bring a lunch and water bottle each day.** Water will be provided and there will be snacks sold for 50 cents each.



POLICE DEPARTMENT

350 South Highway 74 | Peachtree City, Ga 30269 | 770-487-8866 | Fax: 770-631-2512
www.peachtree-city.org/police



Janet L. Moon
Chief of Police

11. No individual will be allowed to remain in a training session if they behave in a disruptive or disrespectful manner. Misbehaving individuals will be removed from the class and the parent or guardian will be contacted.

12. Please contact Officer Paul Smilley (psmilley@peachtree-city.org) or Officer Monica Lacourly (mlacourly@peachtree-city.org) for any additional information.



POLICE DEPARTMENT

350 South Highway 74 | Peachtree City, Ga 30269 | 770-487-8866 | Fax: 770-631-2512
www.peachtree-city.org/police



Janet L. Moon
Chief of Police

APPLICATION FOR ENROLLMENT

JPA program one (June 12-June 16) _____
OR
JPA program two (June 26-June 30) _____

Student Name _____

Date of Birth ____ / ____ / ____ Has your child attended our JPA in the past? ____

Student's Age on 06/13/2023 _____ School Student attends _____

E-mail Address _____

Medical Information

Allergies: Food _____
Medicine _____
Other _____

Do you carry medicine for allergies? () Yes () No

If YES, please specify _____

Is there any physical or medical condition (such as asthma) that limits your physical activity? () Yes () No

If YES, please specify _____

Do you carry medicine for this medical condition? () Yes () No

If YES, please specify _____

The Peachtree City Police Department will make reasonable efforts to assure all persons have access to any programs and services. If a disability requires special needs accommodations, please contact the Peachtree City Police Department at (770)-487-8866.



POLICE DEPARTMENT

350 South Highway 74 | Peachtree City, Ga 30269 | 770-487-8866 | Fax: 770-631-2512
www.peachtree-city.org/police



Janet L. Moon
Chief of Police

PARENT INFORMATION

Parent Name _____

() Mother () Father () Legal Guardian

Home Address _____

(Please provide street address, P.O. Box not acceptable)

Parent E-mail Address _____

Parent Phone Numbers:

Home (_____) _____ Work (_____) _____

Cell (_____) _____

ALTERNATE CONTACT PERSON (IN CASE OF EMERGENCY)

Name _____ Relationship _____

Phone Numbers:

Home (_____) _____ Work (_____) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. The Peachtree City Police Department is authorized to conduct any investigation of my personal history information that is deemed necessary for consideration to participate or continued participation in the Junior Police Academy Program.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____

For Official Use Only	
Date/Time Received _____ / _____	
History Check Date/Time _____	



POLICE DEPARTMENT

350 South Highway 74 | Peachtree City, Ga 30269 | 770-487-8866 | Fax: 770-631-2512
www.peachtree-city.org/police



Janet L. Moon
Chief of Police

WAIVER OF LIABILITY

Whereas I,

NAME OF STUDENT

ADDRESS

()

()

HOME PHONE

CELL PHONE

Have made a voluntary request on my own initiative to participate in the Junior Police Academy with the Peachtree City Police Department, Peachtree City, Georgia;

Now, therefore in consideration of the City of Peachtree City allowing me to participate in the Junior Police Academy and in consideration of the City of Peachtree City and the Peachtree City Police Department permitting me the use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release and forever discharge the City of Peachtree City and the Peachtree City Police Department, its employees, officers, commissioned staff, representatives, instructors, Board of Directors, Training Committee Members, affiliates, and agents, acting officially or otherwise (hereinafter referred to as Peachtree City) from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of Peachtree City, or whether said harm or damage occurs through acts of a person not employed by Peachtree City.

I **ACKNOWLEDGE** that I understand that Junior Police Academy training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage; and that I make the request to participate in the program with full knowledge of these risks. I **ASSUME THE RISK** of all injuries that may occur because of my participation in the Junior Police Academy program.

I **ACKNOWLEDGE** that my participation in the Junior Police Academy program and any continued educational training is strictly voluntary and does not grant employment rights, employee benefits, or a vested/liberty interest as an employee with the City of Peachtree City.

I **ACKNOWLEDGE** that my participation in the Junior Police Academy and any continued disaster educational training may cause me to view possibly graphic and/or hazardous emergency photographs or scenes.



POLICE DEPARTMENT

350 South Highway 74 | Peachtree City, Ga 30269 | 770-487-8866 | Fax: 770-631-2512
www.peachtree-city.org/police



Janet L. Moon
Chief of Police

WAIVER OF LIABILITY

STUDENT NAME (Please print) _____

I **ACKNOWLEDGE** and **AGREE** to exercise reasonable care while participating in any of the Junior Police Academy program. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to because of my participation with the Junior Police Academy.

I **AGREE** to abide by all instructions given to me by the Peachtree City Police Department personnel and other instructors and safety officers while participating in the Junior Police Academy and I **UNDERSTAND** if I fail to follow the instructor's rules/regulation, or if I fail to exercise reasonable care, I can be administratively removed from the program.

While participating in any Junior Police Academy training, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by the Peachtree City Police Department, the State of Georgia, or other entities. **I agree that I will not release ANY information, items obtained by me, or sensitive materials that I may become privy to in the course of my participation in the program.**

While participating in the Junior Police Academy, I agree to advise the program coordinator, immediately, of any interaction I may have with any law enforcement official involving a criminal investigation against me or my arrest.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS Peachtree City from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the Junior Police Academy program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY PEACHTREE CITY, GEORGIA FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE JUNIOR POLICE ACADEMY PROGRAM.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

WITNESS

THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE JUNIOR POLICE ACADEMY PROGRAM.



POLICE DEPARTMENT

350 South Highway 74 | Peachtree City, Ga 30269 | 770-487-8866 | Fax: 770-631-2512
www.peachtree-city.org/police



Janet L. Moon
Chief of Police

LIKENESS WAIVER

Release and Waiver of Liability

I am an adult (or the parent/legal guardian of a minor child).

I authorize the Peachtree City Police Department and City of Peachtree City to use my name and display my image and likeness (or the likeness of said minor child) on the Police Department's website or media publications, brochures, broadcasts, telecasts or news paper articles.

This authorization shall remain in effect until revoked by me in writing.

By offering my signature below, I acknowledge acceptance of this waiver and agree to allow the use of my (or said minor child's) likeness from any photos or video taken that specifically involve activities related to the Peachtree City Police Department Junior Police Academy.

I understand that the photos or video could be used to advertise and/or promote the Police Department's community relations activities.

Applicant Name (please print)

Parent/Legal Guardian Authorizing Signature

Date

Parent/Legal Guardian Name (please print)

Witness

