

**WINTHROP POLICE DEPARTMENT**  
**2021 YOUTH POLICE ACADEMY ONE WEEK**  
**August 2, 2021 to August 6, 2021 8:30AM – 3:00PM**

The Winthrop Police Department seeks to provide innovative and effective programs for the youth in our community. The Youth Police Academy is such a program! It is designed to establish a positive relationship between the Winthrop Police and the youth in our community. There is no cost to attend the academy and size is limited to 20 participants. All cadets need transportation to the Winthrop Police Department each morning (**no earlier than 8:15AM**) for an 8:30AM start. Cadets are to be picked up each afternoon from the Winthrop Police Department promptly at 3:00PM unless otherwise specified.

GOALS of the Winthrop Youth Police Academy:

- Enhance responsible citizenship thru introduction of 21 Century Policing
- Provide positive interaction with police officers and educate young people about the challenges and responsibilities of police work
- Provide team building activities to instill positive qualities in the student cadets

Eligibility to attend this Winthrop Youth Police Academy:

- Be entering 7<sup>th</sup> , 8<sup>th</sup> or 9<sup>th</sup> grade
- Be a non-smoker
- Be a resident of Winthrop

Classes will be held at the Winthrop Police Department. Cadets will attend morning classroom sessions with lectures, role-plays, and interactive demonstrations by police officers of the Winthrop Police Department in the areas of Motor Vehicle Law, CPR and First Aid, Defensive Tactics, Applied Patrol Procedures, Drill and Ceremony, Drug Recognition and Gun Safety – just to name a few. Cadets will participate in PT (Physical Training) each day.

**INSTRUCTIONS ON HOW TO APPLY**  
2021 Winthrop Police Department  
Youth Police Academy

- Complete Cadet Application
- Write a paragraph on why you wish to attend
- Complete and sign Student Contract
- Complete and sign Permission Slip – Parent/Guardian
- Complete and sign Release of Liability – Parent/Guardian and Student
- Complete and sign Emergency Contact Form - Parent/Guardian and Student
- Complete and sign Authorization to Take and Use Photographs/Video and Waiver and Release of Claims



Winthrop Police Department  
Youth Police Academy Application  
2021 Please Print

1. Student Name: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Telephone#: (H) \_\_\_\_\_ (C) \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F
5. Incoming Grade: \_\_\_\_\_
6. Youth Shirt Size (circle one)  
S  M  L  XL

If you require adult size please specify here: \_\_\_\_\_

Program will run from 8:30am to 3:00pm

Location: Winthrop Police Department

Parents, this is a 1-week commitment

Attendance is mandatory, due to the number of applicants wanting to attend.

Space is limited.

Cadets must bring own lunch. Water provided by the Winthrop Police Department.

Please call/email with any question regarding Academy at:

Lieutenant Steve Rogers

617-846-1212 ex. 2940 or srogers@town.winthrop.ma.us

Please complete the entire application and answer all questions

This program is partially funded through [Shannon Grant](#) and the [Winthrop Police Department](#).

School and Community Information Request:

Truancy:

- Less than 3 absences per semester without reason
- More than 3, but less than 8 absences per semester without reason
- More than 8 absences per semester without reason

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# STUDENT CONTRACT

I am willing to abide by the conditions and regulations set forth by the Winthrop Youth Police Academy. I realize that failure to comply with these rules may result in termination from the Winthrop Youth Police Academy.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT/GUARDIAN CONSENT

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2021 Winthrop Youth Police Academy  
**PARENT/GUARDIAN PERMISSION SLIP**

*Permission of the Parent or Guardian is Mandatory for Applicants*

I, (print) \_\_\_\_\_ am the Parent/Guardian of

(print) \_\_\_\_\_ hereinafter referred to as the (CHILD).

I am over 18 years of age and reside at \_\_\_\_\_

In consideration of and for the permission and authority of my CHILD to participate in the Winthrop Youth Police Academy which includes classroom instruction, field trips and physical activities, I hereby release and forever discharge, and shall hold harmless and indemnify the Winthrop Police Department and or The Town of Winthrop –and its agents, servants and employees (collectively hereinafter referred to as the HOST) from all actions, causes of actions, suits, debts, sums of money, accounts, damages, judgments, claims and demands whatsoever which I or my CHILD, or our heirs, executors, administrators, successors, and assigns may have now or in the future against the HOST arising out of my CHILD'S participation in the Winthrop Youth Police Academy including, but not limited to the aforementioned activities and any acts related thereto. This release may not be changed orally.

Parent/Guardian Signature:

\_\_\_\_\_

**Application will not be accepted if not accompanied by Parent/Guardian signature.**

## 2021 Winthrop Youth Police Academy

# PARTICIPANT RELEASE OF LIABILITY

*Release of Liability for Participant is Mandatory*

The Winthrop Police Department's training workshops use a variety of activities including PT (physical training), games, team building activities and defensive tactics. Some of these can be physically demanding but are designed to be within the capability of anyone who is in reasonably good health.

All activities are presented on a "Challenge by Choice" basis. This means that participants choose their own level of participation. Although safety is a very high priority of all the Winthrop Police Department's training, there is a risk which must be assumed by each participant that she or he may suffer an emotional or physical injury. Each participant in a Winthrop Police Department's workshop is required to have health/accident insurance coverage. The information on this form is intended to help inform the Winthrop Police Department staff of any pre-existing medical conditions and to help determine if consultation with a physician is recommended prior to participating in a workshop. This information will be kept in strict confidence by the Winthrop Police Department and only shared with your permission.

### PLEASE PRINT:

Participant's Name (First and Last)

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Address:

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Sex Male  / Female

Date of Birth        /        /

Participant's Health Insurance Provider Member #: \_\_\_\_\_

Have you had surgery in the past year or do you have any limiting physical or health disabilities or handicaps (temporary or permanent that your doctor feels would limit your participation in the Winthrop Youth Police Academy? (Check one)

Yes

No

**MEDICAL CONCERNS/ISSUES?** (Check one) Yes  No

If yes, please explain:

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Are you currently taking any medication(s)? (Check one) Yes  N

If yes, please explain:

List the medication and the condition it is for:

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Food, environmental, pharmaceutical or other allergies? (Check one)

If yes, please explain:

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(Participant Release of Liability continued)

I affirm that the confidential medical information which has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and the those around me and I agree to hold the Winthrop Police Department and The Town of Winthrop, harmless if full disclosure of pre-existing medical conditions has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment which may become necessary. I understand that parts of the Winthrop Youth Police Academy's courses offered at this youth police academy may be emotionally and physically demanding. I agree to follow all safety instructions given by the Winthrop Police Department staff/or other staff members during the training workshop. I recognize the inherent risk of injury or disability in the adventure course activities offered by Winthrop Police Department. I understand that each participant must assume the risk of injury or disability from these activities. I release the Winthrop Police Department and the Town of Winthrop from all liabilities for any injury to me from participation in the adventure activities offered by the Winthrop Police Department.

Participant Signature:

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Parent/Guardian Signature:

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2021 Winthrop Youth Police Academy  
Emergency Contact Information

Name: \_\_\_\_\_

Participant Cell Phone: \_\_\_\_\_

**Primary Emergency Contact**

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Alternate Emergency Contact**

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I verify this information is correct

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Authorization to Take and Use Photographs/Video and Waiver and Release of Claims

I, \_\_\_\_\_, hereby grant the Winthrop Police Department, its directors, officers, employees, agents, and designees (collectively "WPD") non-revocable permission to capture my image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively "Images"). I acknowledge that WPD will own such Images and further grant the WPD permission to copyright, display, publish, distribute, use, modify, print and reprint such Images in any manner whatsoever related to WPD business, including without limitation, publications, advertisements, brochures, web site images, social media or other electronic displays and transmissions thereof. I further waive any right to inspect or approve the use of the Image by the WPD prior to its use. I forever release and hold the WPD harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.

I hereby certify that I am the parent and/or guardian of a child under the age of 18 years, and hereby consent that any Images (as defined above) may be used for any purposes set forth in this Authorization and Release above.

Printed Name (Parent): \_\_\_\_\_

Signature (Parent): \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_