



SWANSEA  
POLICE AND FIRE  
YOUTH  
ACADEMY



**2018 Youth Academy June 18th – 20th 8 a.m. - 4 p.m.**

For Youths between Ages of 9 & 13 at time of academy

Youth's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Ph.#: \_\_\_\_\_ Emergency Daytime Ph.#: \_\_\_\_\_

Email address \_\_\_\_\_

Does the youth have a medical condition, food allergy or presently on medication we should know about? \_\_\_\_\_

In the event of a medical emergency, do you have a hospital preference? \_\_\_\_\_

**Release Agreement**

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, do hereby allow my child to participate in the Swansea Police & Fire Youth Academy, and hereby release organizations, & successors of any and all liability which might occur while participating in the activities of the Youth Academy. I further release & hold harmless any of the groups and businesses that may be assisting the Swansea Police & Fire Departments with the academy and its activities. I further represent myself as a person over the age of 21 years with a full understanding of this release agreement & understanding this release shall be binding upon heirs, executors, administrators, & assigns.

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

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

Children will receive 1 shirt at the start of the academy. You will also receive additional information regarding the academy. **Please circle your child's t-shirt size. All shirts are ADULT SIZE.**    **S**       **M**       **L**       **XL**

**\*Please return application by June, 1<sup>st</sup>\***