



**MIDLAND POLICE DEPARTMENT  
KIDS ACADEMY  
Registration**

**Child Information**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Youth or Adult Size: \_\_\_\_\_

Medical Conditions (Seizures, Medications, or any physical condition that the child might have that would keep he or she from participating in Physical Training):

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**Discipline: We will eject your child from the class if he or she cannot follow orders or disrupts class and parents will be called to come pickup child.**

**Child must be picked up by 11:45**

**Parent/Guardian Information**

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

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

Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Beeper Number: \_\_\_\_\_

I hereby give permission for my child to participate in the Midland Police Department Kids Academy.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

Submit in person at MPD (601 N. Loraine) or electronically to lwoodruff@midlandtexas.gov with subject line "Kids Academy Registration"