



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 him or her from participating in Physical Training):

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.

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/Guardian Signature

Date