



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):

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: _____

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

Parent's/Guardian's Signature

Date

KIDS POLICE ACADEMY

Photo Release Form For Minors

City of Midland Police Department, Midland Texas has my permission to use my or my child's photograph publically to promote the Kids Police Academy. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

KIDS POLICE ACADEMY 2024



RELEASE OF LIABILITY FORM

I hereby consent to allow my son or daughter to participate in the Midland Police Department Kids Academy 2024. I also consent not to hold the Midland Police Department or any of their police officers or volunteers responsible for any injury to my son or daughter.

Name: _____ Date of Birth _____ Grade _____

Parent(s) _____ Phone _____

Email: _____

Shirt size: Youth S _____ M _____ L _____ Adult M _____ Adult L _____

Parent's Signature

Date