

# FLOWER MOUND POLICE DEPARTMENT



## JUNIOR POLICE ACADEMY

- Session #1 (June 20<sup>th</sup> – 24<sup>th</sup>, 2011)  
 Session #2 (August 1<sup>st</sup> – 5<sup>th</sup>, 2011)

**COST: \$20 DOLLARS (Please indicate which session you wish to attend. Cost covers provided course materials. Payment is due on or before first day of class, after being notified of acceptance. Fee may be paid by cash or check, made payable to: TOWN OF FLOWER MOUND)**

### REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ M/F \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ZIP CODE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SCHOOL NAME: \_\_\_\_\_ ADULT SHIRT SIZE \_\_\_\_\_  
PARENT OR GUARDIAN'S NAME: \_\_\_\_\_  
Mother's cell #: \_\_\_\_\_ Father's cell #: \_\_\_\_\_ Best E-Mail: \_\_\_\_\_  
Emergency 3<sup>rd</sup> Party name/relation: \_\_\_\_\_ Cell #: \_\_\_\_\_

### MEDICAL RELEASE

The parent(s) or guardian(s) authorizes the Town of Flower Mound to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery should an emergency occur and he/she cannot be located immediately. It is also understood that this agreement covers only those situations, which are true emergencies, and only he/she cannot be reached. The parent(s) or guardian(s) understand that the provider will make every effort to contact them and/or their emergency contacts.

#### **Please complete the following:**

1. I/we will be responsible for payment of medical expenses.
2. Medical treatment costs are covered by:

Insurance Company: \_\_\_\_\_  
Policy: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_

### RELEASE OF LIABILITY

I do hereby and discharge the Town of Flower Mound from liability for any and all present and future claims regarding personal or bodily injury to said participant which might result from or be sustained during participation in this activity. I hereby give my permission to use my child's name, photograph, video image, and pre-approved quotes on the Town of Flower Mound Police Department brochure and web page.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Contact will be made prior to the scheduled class date to confirm your child's registration.  
Mailing address: Crime Prevention at 4150 Kirkpatrick Lane, Flower Mound, Texas 75028.

**FLOWER MOUND POLICE DEPARTMENT  
TRAINING/SPECIAL EVENTS WAIVER**

THE STATE OF TEXAS  
COUNTY OF DENTON

KNOW ALL MEN BY THESE PRESENTS:

THAT WE (I), the undersigned private person(s) and/or legal parent(s) and/or guardian(s) of a minor person, hereby request that \_\_\_\_\_ (participant name) be allowed to participate in the Police Department's training program, \_\_\_\_\_ or Town of Flower Mound or Police Department's Special Event, \_\_\_\_\_. We (I) recognize that such activity involves inherent dangers, and we (I) do hereby agree to assume the risks attendant to such activity and do hereby release and agree to hold harmless the Town of Flower Mound, its Police Department, agents, employees and contractors, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action which may arise from participation of \_\_\_\_\_ (participants name) in the above program.

It is further agreed that the execution of this release shall not constitute a waiver by the Town of Flower Mound of the defense of governmental immunity, where applicable, or to defenses predicated on the Texas Automobile Guest Statute, Article 6701d, V.A.T.S., or any other defense recognized by the courts of this state.

Signed, this the \_\_\_ day of \_\_\_\_\_, \_\_\_\_ A.D.

**Signature** (Parent or Guardian if under 18): \_\_\_\_\_

**Signature** (Parent or Guardian if under 18): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Age of Minor \_\_\_\_\_

ACKNOWLEDGEMENT

STATE OF TEXAS  
COUNTY OF DENTON

BEFORE ME, \_\_\_\_\_, the undersigned authority, on this day personally appeared \_\_\_\_\_, and \_\_\_\_\_, known to me to be the person(s) whose name(s) are subscribed to the foregoing instrument, and acknowledged to me that they executed same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ A.D.

\_\_\_\_\_  
Notary Public in and for Denton, County, Texas