



Applicant must be between 13 and 18 years of age and currently enrolled in middle school or high school to apply. Please be sure to complete the entire application.

Please print legibly.

Regional Commands, do not delay – please forward to PDHQ or send to askpd@elpasotexas.gov Indicate which session you would like to attend:

	essions	Yes No Yes No Yes No Yes No		
School:		163 <u>  No                                  </u>		
Name of School:	Grade/	Classification:		
G.P.A.: School Counselor or Teach	er:			
Personal:				
Last Name:	First Name:		M <u>i</u> .:	_
Address:C	ity:	State:	Zip:	_
Date of Birth(mm/dd/yyyy):	Home Phone:			_
Other Phone:	SSN last 4#:			
Texas Drivers License or I.D. #:				
Email Address:				
Have you ever been closely associated with pe criminal activity? Yes		een involved in g	gang-like or othe	21
Are you employed? Yes \( \subseteq \text{No} \subseteq \text{If yes w}	here:			
Business: Ac	dress:			





Business Phone:		Sı	uperviso	or:		
Are you willing to ab	oide by a dress cod	de? Yes	□ No			
Please explain why y	ou want to atten	d the Yoເ	uth Poli	ce Acaden	ny:	
_						
_						
		Contact	Inform	nation		
Mother/Father						
Home Address						
Business Name						
Business Address				ı	1	1
Business Phone		Home P	hone		Cell Phone	
Emergency Contact	t Name					
Home Phone			Cell P	hone		
Emergency Contact	t Name					
Home Phone			Cell P	hone		





Photo Release:	
The El Paso Police Department and/or its representati Academy Alumni Association (circle one) MAY  or I Child/dependent during this academy for recruiting or	MAY NOT  use images taken of my
understand that all information regarding my person determining eligibility into the Youth Academy. I also question 1a, I am not automatically disqualified from Academy. I certify that the information on this appli- knowledge and I understand that any false statement from the Youth Police Academy.	o understand that if I checked yes to n participation with the Youth Police cation is true and correct to the best of my
Student Signature	Date
Parent Signature	



WAIVER OF LIABILITY, RELEASE

#### El Paso Police Department Youth Police Academy Application for Enrollment



# AND HOLD HARMLESS AGREEMENT KNOW ALL MEN BY THESE PRESENTS:

KNOW ALL WEN DI THESE I KESE	1415.	
(If student is younger than 18)		
That I,	the parent/legal guardian of	
(Parents Name)		(Student's Name)
(If student is 18 or older)		
That I,		
(Student's Name)		

for and in the sole consideration of the privilege of being a participant in the Youth Police Academy of the City of El Paso, and being allowed use of City of El Paso property, equipment and service, do hereby agree to assume the risks attendant to all activities associated with participation in the Youth Police Academy of the City of El Paso, including but not limited to: property damage and/or personal injury collisions on either public streets or private property; property damage and/or personal injury to me as a result of the acts of others associated with any and all Youth Police Academy activities; property damage and/or personal injury to City of El Paso property or employees or any third persons resulting from Youth Police Academy activities; property damage and/or personal injury to me resulting from the acts of third parties whether caused by errors, omissions or negligent acts of said third parties or myself; property damage and/or personal injury to me resulting from my own errors, omissions or negligent acts; property damage and/or personal injury to others resulting from my own errors, omissions or negligent acts.

I hereby waive all claims, release, defend and hold harmless the City of El Paso and all of its officials, officers, agents, employees in both their public and private capacities, from any and all liability, claims suits, demands, expenses of litigation, or causes of action which may arise by reason of injury/death to persons or loss of, damage to, or loss of use of any property occasioned by error, omission, or negligent act of myself or any other persons with regard to their Agreement and I will at my own cost and expense defend and protect the City of El Paso against any and all such claims and demands.





It is further agreed that the execution of this "Waiver of Liability, Release and Hold Harmless Agreement" will not constitute a waiver by the City of El Paso of the defense of governmental immunity where applicable, or any other defense recognized by the courts of the State of Texas.

me, my heirs and assigns.	niess Agreement" snall be binding upon
Parent Signature	
Date	
THE STATE OF TEVAS	
THE STATE OF TEXAS )  COUNTY OF EL PASO )	
BEFORE ME, the undersigned authority, on this	day personally appeared
above and by me being duly sworn on oath says that he purposes therein expressed.	
Given under my hand and seal of office this 20	, day of,
	Notary Public in and for

El Paso County, Texas