



2023 MIDDLETON YOUTH ACADEMY APPLICATION



Child's Name (First Middle Last)		
_____	_____	_____
Gender	Birth Date	Parent/Guardian
_____		_____
Address		City/State/Zip
_____	_____	
Home Phone	Cell Phone	
_____		T-Shirt Size
Email Address		Adult S M L XL 2XL
_____		Youth S M L
Grade Level Fall 2023		
School:	MHS	Kromrey Glacier Creek

I grant permission to the City of Middleton and the Village of Cross Plains to allow any media coverage (photographs, video, etc.) of my child while s/he participates in the Youth Police Academy. I understand that this media and any identification information may be published in a local newspaper or used by the City of Middleton and the Village of Cross Plains for publicity purposes and I authorize that use.

Parent / Guardian Signature

Date

Emergency Contact / Health Information

Does your child require any accommodations to participate in this activity?

Yes / No (circle one)

Does your child have any health restrictions that may restrict their activities at the Youth Police Academy, or require quick medical attention?

Yes / No (circle one)

If you indicated "Yes" to either question above, please describe any special care instructions (ex. food allergies) or other information that may be needed by Youth Academy staff.

Emergency Contact Person	Relationship	Phone Number
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Emergency Contact Person	Relationship	Phone Number
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I certify that my child is up to date on all immunizations. _____ (please initial)

In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an emergency, all attempts to contact the emergency contact and myself will be made. _____ (please initial)

- Police officers and volunteers are not authorized to administer any medications.
- If your child has special needs outside the scope and training of our staff and volunteers, please provide treatment instructions.
- Emergency contacts must be at least 18 years old and available during program hours.

Parent / Guardian Signature

Date

Release of Liability / Indemnity

I, parent/guardian of _____, do hereby release the City of Middleton and/or the Village of Cross Plains, their officers, volunteers, agents, and employees, from any and all claims for injuries or loss that I may have or which may accrue to me arising out of or in any way connected to my child's participation in the Youth Police Academy in which I have enrolled my minor child. I further agree to indemnify and defend the City of Middleton and/or the Village of Cross Plains against any such claims. I understand that participation in the Youth Police Academy will involve physical activities which may create an increased risk of injury, including but not limited to: push-ups, sit-ups, jumping, 1-mile run, and lifting/dragging heavy objects.

I HAVE READ AND FULLY UNDERSTAND THIS RELEASE OF LIABILITY/INDEMNITY.

Parent / Guardian Signature

Date

I give consent for my child's participation in any field trips or other transportation scheduled as part of his/her enrollment and consent to be transported to and from (whether by foot, bus or other means) any scheduled program activity for which transportation is provided.

Parent / Guardian Signature

Date

**Please only submit COMPLETED registrations.
Registrations must be sent back to the Middleton Police Department by:
June 12th 2023**

Questions/Concerns Contact:

Community Policing Officer

Jake Ungerer—Middleton Police Department

jungerer@cityofmiddleton.us

608-824-7323