



Union City Police Department

5060 Union Street * Union City, Georgia 30291

Phone: 770-9640-1333 * Fax: 770-954-9108 * Website: www.unioncityga.org * ORI: GA0600600



IMPORTANT INFORMATION

1. **Please fill out the CAMP 911 application in its entirety.** The Application consists of three forms: Application for Enrollment, Waiver of Liability and Likeness Waiver. The Application and Waiver of Liability must be signed by the applicant's parent/legal guardian. Completing and signing the Likeness Waiver is optional.

2. **Camp 911 members must be between the ages of 8 and 13.**

3. Completed applications and waivers must be returned to the Union City Police Department's front desk, or e-mail to rpittman@unioncityga.org or the application packet can be mailed to :

Union City Police Department
5060 Union Street
Union City, Georgia 30291
(ATTN: Sgt. M. Echols)

4. The Chief of Police has the final approval of all applicants and reserves the right to deny entry to any applicant. Accepted applicants will be notified by mail and/or e-mail.

5. The Camp 911 program is free of charge to all members and the class size is limited.

6. Camp 911 will be held at the Union City Police Department, located at 5060 Union Street, Union City, Georgia 30291.

7. Camp 911 will be held during the week of **Monday, June 18, 2018 - Friday June 22, 2018, between the hours of 8:30 A.M. and 5:00 P.M.**

8. The dress code for Camp 911 is casual, but please make sure that your child wears comfortable clothes that can get dirty or damaged and please, no open-toe shoes (sandals, flip-flops, crocs, etc.).

9. Each Camp member will need to have their issued Camp 911 ID badge with them daily, (*these badges will be provided during the first day of camp*). Camp members will need to wear their ID badge to each class so they will be identified as a participant in the Camp 911 program.

10. Parents, please make sure that your child attends each training session. We understand that emergencies do arise, but if your child is unable to attend any of the sessions, please notify one of the person(s) listed below:

Sergeant R. Pittman
Work Phone: (770) 515-7828
Cell Number: (470) 315-3887
E-mail: rpittman@unioncityga.org

Officer J. January
Work Phone: (770) 515-7829
E-mail: JJanuary@unioncityga.org

11. **Students will need to provide lunch each day.** Water and snacks will be provided and there is access to vending machines.

12. **No child will be allowed to remain in a training session if they behave in a disruptive or disrespectful manner. Misbehaving individuals will be removed from the class and the parent or guardian will be contacted.**

13. Please contact Sgt. R. Pittman (rpittman@unioncityga.org) or Officer J. January (jjanuary@unioncityga.org) for any additional information.

APPLICATION FOR ENROLLMENT

Student Name _____

Date of Birth ____ / ____ / ____ Student Shirt Size S__ M__ L__ XL__

Student E-mail Address _____

Medical Information

Allergies: Food _____

Medicine _____

Other _____

Do you carry medicine for allergies? () Yes () No

If YES, please specify _____

Is there any physical or medical condition (such as asthma) that limits your physical activity?
() Yes () No

If YES, please specify _____

Do you carry medicine for this medical condition? () Yes () No

If YES, please specify _____

The Union City Police Department will make reasonable efforts to assure all persons have access to any programs and services. If a disability requires special needs accommodations, please contact the Union City Police Department at (770)-515-7856.

PARENT INFORMATION

Parent Name _____

() Mother () Father () Legal Guardian

Home Address _____

(Please provide street address, P.O. Box not acceptable)

Parent E-mail Address _____

Parent Phone Numbers:

Home (_____) _____ Work (_____) _____

Cell (_____) _____

ALTERNATE CONTACT PERSON (IN CASE OF EMERGENCY)

Name _____ Relationship _____

Phone Numbers:

Home (_____) _____ Work (_____) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. The Union City Police Department is authorized to conduct any investigation of my personal history information that is deemed necessary for consideration to participate or continued participation in the Junior Police Academy Program.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____

For Official Use Only

Date/Time Received _____ / _____

History Check Date/Time _____

WAIVER OF LIABILITY

Whereas I, NAME OF PARENT/GUARDIAN _____

NAME OF STUDENT _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

Have made a voluntary request on my own initiative to have my child participate in the Camp 911 with the Union City Police Department, Union City, Georgia;

Now, therefore in consideration of the City of Union City allowing me to participate in the Camp 911 and in consideration of the City of Union City and the Union City Police Department permitting me the use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for my child, executors, and administrators, remise, release and forever discharge the City of Union City and the Union City Police Department, its employees, officers, commissioned staff, representatives, instructors, Board of Directors, Training Committee Members, affiliates, and agents, acting officially or otherwise (hereinafter referred to as Union City) from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of Union City, or whether said harm or damage occurs through acts of a person not employed by Union City.

I **ACKNOWLEDGE** that my child understands that Camp 911 training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage; and that I make the request for my child to participate in the program with full knowledge of these risks. I **ASSUME THE RISK** of all injuries that may occur because of my child's participation in the Camp 911 program.

WAIVER OF LIABILITY

STUDENT NAME (Please print) _____

I **ACKNOWLEDGE** and **AGREE** that my child will exercise reasonable care while participating in any of the Camp 911 programs. I further acknowledge that I, _____ am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that my child may incur or be exposed to because of his/her participation in Camp 911.

I **AGREE** that my child will abide by all instructions given to him/her by the Union City Police Department personnel and other instructors and safety officers while participating in the Camp 911 and **MY CHILD UNDERSTANDS** that if he/she fails to follow the instructor's rules/regulation, or if my child fails to exercise reasonable care, my child can be administratively removed from the program.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS Camp 911 and Union City from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the Camp 911 program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY UNION CITY, GEORGIA FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE CAMP 911 PROGRAM.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

WITNESS

THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE Camp 911 PROGRAM.

LIKENESS WAIVER

Release and Waiver of Liability

I am an adult (or the parent/legal guardian of a minor child).

I authorize the Union City Police Department and City of Union City to use my child's name and display my child's image and likeness (or the likeness of said minor child) on the Police Department's website or media publications, brochures, broadcasts, telecasts or newspaper articles.

This authorization shall remain in effect until revoked by me in writing.

By offering my signature below, I acknowledge acceptance of this waiver and agree to allow the use of my (or said minor child's) likeness from any photos or video taken that specifically involve activities related to the Union City Police Department Camp 911.

I understand that the photos or video could be used to advertise and/or promote the Union City Police Department's community relations activities.

Applicant Name (please print)

Parent/Legal Guardian Authorizing Signature **Date**

Parent/Legal Guardian Name (please print)

Witness

Briefly explain why this applicant should be selected to participate in the Camp 911 program.

