



HARTFORD POLICE DEPARTMENT

HARTFORD POLICE EXPLORERS

POST 45

50 Williams Street
Hartford, CT 06120

Phone: 757-4247 Fax: 722-6134



Explorer Application:

Name: _____

Address: _____

City/State/ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Grade entering in fall: _____ Graduation Year: _____

School: _____

Email: _____ T-Shirt Size: _____

Parent/Guardian Information:

Parent/ Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent/ Guardian Signature: _____

Emergency Contact Person:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

"H.P.E- Honor, Pride, Excellence."

Reference: (all applicants must have a contact number for reference and supply a letter of reference.)

Name: _____

Street Address: _____

City/ State/ Zip Code: _____

Home Phone: _____ **Work Phone:** _____

Student Employer: (If Applicable)

Business Name: _____

Supervisor: _____

Phone: _____

Physical Training/ Medical Clearance

**I give my child permission to participate in physical training consisting of, but not limited to; up to a 1 ½ mile run, pushups, and sit ups. My child currently does not have any serious respiratory problems or medical problems.
Please List any Medical Conditions (Allergies) or Concerns:**

Parent's Initials: _____ **Applicant's Initials:** _____

Release and review of personal records

"H.P.E- Honor, Pride, Excellence."

I give permission to the Hartford Police Explorer Program Coordinator or his/her designee to review personal records which include but are not be limited to; school, criminal and medical records. I understand the information gathered as a result of the personal check may be sensitive, privileged or confidential in nature and as a result will only be used when necessary to help develop the personal growth of the applicant or to ensure safety of the officers and police explorers. I understand that all information shall be kept confidential. I also understand that should any statement I have made prove to be false, misleading or erroneous, it may result in my rejection or dismissal from the Hartford Police Explorer Program.

**Parent's Name (print) _____ Parent's Initials: _____
Applicants under the age of 18 must have parent's initial form. Parents who initial this form voluntarily consent to allow the release of personal records.**

Applicant's Name (print) _____ Applicant's Initials: _____

Transportation

It will be the responsibility of the participant/ parent to provide transportation to and from the Academy for the purpose of full participation of the Academy. In the event of an emergency of if a participant leaves the Academy with our permission, the Police Academy Staff/ Advisors of the Post will notify the parents/guardians of the participant. Transportation will be provided upon request of the parent and/ or participant by calling 757-4247 the day of meeting to set up time for pick up.

Parent's Initials: _____ Applicant's Initials: _____

Youth Police Academy Consent/ Release

I hereby release the City of Hartford, the Hartford Police Department and it's Police Officers, Agents and Employees from all manner of actions, injury, suits, damages, claims, false arrest, and demands whatsoever in law or equity, whichever had, now has, or may in the future have arising out of participation of the Hartford Police Department's Explorer Program.

Parent's Initials: _____ Applicant's Initials: _____

PARENT WAIVER OF LIABILITY/CONSENT:

This consent extends to all PAL/ Police Explorers sponsored programming, events, field trips and camps. I am aware that in any sport, program or vocational activity there is a risk of injury present and hereby agree to hold harmless and indemnify the Hartford Police Department, the owners and agents of all facilities, premises, and properties used for said activities, Hartford PAL Inc., its instructors, coaches, volunteers, employees, directors, and any board member should any injuries or unusual incidents occur. The Hartford Police Department's or its agents shall not be held liable for any occurrences during transportation to and from events. My signature authorizes the rendering of any emergency treatment of my child(ren), should it be deemed necessary. I have read, understand and agree to the Waiver of Liability and consent. I also hereby grant the PAL/ Police Explorers permission to use any images of my child(ren) in its publications without payment or any other consideration. I understand that a needs assessment can be conducted as normal operating procedure and agree that my child will submit to such assessment. I also understand that my child(ren) may be exposed to physical activity or maintenance chore as a form of discipline and/or consequence for his/her actions.

PARENT SIGNATURE/CONSENT:

Parent's Name (print): _____

Parent's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

Post Advisor Signature: _____ **Date:** _____