



2024 Teen Community Police Academy

Applications must be submitted by June 28, 2024

Email to: dencontreras@kingcounty.gov or michiko.wilson@kingcounty.gov

Mail to: SeaTac Police CSO Denise Contreras 4800 S 188th St, SeaTac, WA or
Burien Police CSO Michiko Wilson 14905 6th Ave SW, Burien, WA

Enrollment Application

Applicant Information

Full Name: _____ Nickname: _____

Address _____

City: _____ Zipcode: _____

Phone: _____ Email: _____

Date of Birth: _____ School: _____

Parent / Guardian: _____

Cellphone: _____ Work Phone: _____

Email: _____

Please tell us why you are interested in participating in the Teen Community Police Academy?

Applicant Agreements

Criminal Background check Authorization	I hereby authorize the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, and their respective agents, employees, officials, and representatives to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies to conduct a criminal history check. I hereby release the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, and all of their agents, employees, officials, and representatives from any liability, loss, harm, or damage that may arise out of the background investigation and recommendation, including any liability, loss, harm, or damage arising from a negative recommendation based upon erroneous information.
Photos, Video & Social Media	I grant permission to the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, City of Burien, City of SeaTac and their respective agents, employees, officials, and representatives to take, use and edit photographs and videos of myself to promote City/County events, programs, and services. I understand that the images and descriptions may be used on print publications, online publications, presentations, websites, and social media.

Rules of Conduct	I understand that I must comply with the rules and regulations defined by the onsite personnel/instructors, and to exercise reasonable care while participating in the program. I understand that if I fail to follow the instructed rules and regulations or fail to exercise reasonable care, I can be administratively removed from the program.
Liability Waiver	I understand that this program will involve active physical participation, which includes a potential risk of personal property damages/losses, personal injuries, or death. Further, I have read and understand the program outline that describes all class sections and the associated activities (including, but not limited to Defensive Tactics, Mock Scenes, Taser Exercise, Boat ride, and transportation to and from the tours). I agree to hold the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, City of Burien, City of SeaTac, and their agents, employees, officials, and representatives harmless from any and all actions, claims, damages, lawsuits, losses, and/or injuries that I may suffer as a result of voluntary participation in the Teen Community Police Academy. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a knowing, voluntary, and intelligent act of my part.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Approval & Agreements

Participation Authorization	I hereby grant permission for the above named minor child to participate in all of the activities sponsored by the King County Sheriff's Office, Burien Police Department, and SeaTac Police Department Teen Community Police Academy.
Criminal Background check Authorization	I hereby authorize the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, and their respective agents, employees, officials, and representatives to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies to conduct a criminal history check of the above name minor child. I hereby release the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, and all their agents, employees, officials, and representatives from any liability, loss, harm, or damage that arise out of the background investigation and recommendation based upon erroneous information.
Photos, Video & social media authorization	I grant permission to the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, City of Burien, City of SeaTac and their respective agents, employees, officials, and representatives to take, use and edit photographs and videos of the above named minor child to promote City/County events, programs, and services. I understand that the images and descriptions of the images may be used on print publications, online publications, presentations, websites, and social media.
Rules of Conduct agreement	I understand the above named minor child must comply with the rules and regulations defined by the onsite personnel/instructors, and to exercise reasonable care while participating in the program. I understand that if the above named minor child fails to follow the instructed rules and regulations or fail to exercise reasonable care, the above name minor child can be administratively removed from the program.

Emergency Medical Treatment authorization	In the event of an emergency, and a parent/guardian of the above name minor child cannot be reached, I authorize qualified emergency medical personnel, including a physician and staff, to examine the above named minor child, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury on my behalf until I or a designated emergency contact can be reached.
Liability Waiver	I understand that this program will involve active physical participation, which includes a potential risk of personal property damages/losses, personal injuries, or death. Further, I have read and understand the program outline that describes all class sections and the associated activities (including, but not limited to Defensive Tactics, Mock Scenes, Taser Exercise, Boat ride, and transportation to and from the tours). I agree to hold the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, City of Burien, City of SeaTac, and their agents, employees, officials, and representatives harmless from any and all actions, claims, damages, lawsuits, losses, and/or injury the above named minor child may suffer while voluntarily participating in the Teen Community Police Academy. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a knowing, voluntary, and intelligent act of my part.
Approval	I have read and understand the terms of this participation Approval and Agreements and by my signature, agree to its terms.

Parent/Guardian Signature: _____ **Date:** _____

Health, Emergency Care & Medication Form

This information will only be given to an EMT, paramedic, or healthcare professional providing treatment. Parent/Guardian will be contacted as soon as possible to advise on the health status of their child should medical care be needed.

Participant Full Name: _____

Emergency Contact Name: _____

Cellphone: _____ **Work Phone:** _____

Primary Care Physician: _____ **Phone:** _____

Medical History: _____

Other conditions: _____

Allergic to any medications? **Yes** **No** **If yes, list the medications:** _____

Any food allergies or dietary restrictions? **Yes** **No**

If yes, list the foods or explain the dietary restrictions: _____

Parent/Guardian Signature: _____ **Date:** _____