



# Cheektowaga Police Departments Youth Academy Application

Please Print Clearly

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ Town \_\_\_\_\_

ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DOB \_\_\_\_\_

GRADE ENTERING IN THE FALL \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

SCHOOL \_\_\_\_\_

EMAIL \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

## REFERENCES

**EDUCATIONAL REFERENCE** (must be a Teacher, Guidance Counselor or Administrator at your school)

Name \_\_\_\_\_

Position \_\_\_\_\_

Contact (phone & email) \_\_\_\_\_

**NEIGHBOR** (must be over twenty-one years of age and may not be a relative)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**EMPLOYER**

**NOT EMPLOYED** – circle if not employed

Business Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Telephone (w) \_\_\_\_\_ (C) \_\_\_\_\_

**Please sign below to confirm that all above information is accurate.**

**All signatures must be signed in front of the Notary Public.**

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Name (print)

\_\_\_\_\_  
Student's Signature



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#### Medical Clearance

I certify that the below – named student has no serious respiratory problems and is medically cleared to participate in physical training consisting of a 1 ½ mile run, push-ups and sit ups.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Physician's Name (Print)

\_\_\_\_\_  
Telephone Number

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#### Release of Information for Background Investigation

I hereby consent to the background investigation and authorize a review of all school records, or any part thereof, concerning myself, by and to a duly authorized Police Officer of the Town of Cheektowaga Police Department, whether the said records are public or private, and including those that may be deemed to be of privileged or confidential nature. I understand that all information will be kept confidential. I also understand that should any statement I have made prove to be false, misleading, or erroneous, it may result in rejection of my application or dismissal from the Youth Academy.

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student's Signature

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#### Erie County Holding Center Waiver

I, the Parent/Guardian (your name) \_\_\_\_\_ of (students name) \_\_\_\_\_ releasor their personal representatives, heirs, and next of kin, hereby release, waive, discharge any covenants not to sue the Town of Cheektowaga, the Cheektowaga Police Department, the Erie County Sheriffs' Department, their agents, officers and employees, all for the purposes herein referred to as the RELEASEES from any and all liability to releasor, herein referred to as the RELEASOR, my personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim or damage therefore, on account of injury to their person or property or resulting in death of the RELEASOR whether caused by the negligence of the RELEASEES or otherwise while the RELEASOR is participating in the Cheektowaga Police Youth Academy.

I PARENT/GUARDIAN'S (your name) \_\_\_\_\_ OF (students name) \_\_\_\_\_ HEREBY EXPRESSLY ASSUME THE RISKS INHERENT IN THE FIREARMS TRAINING, AND THE ERIE COUNTY HOLDING CENTER TOUR, AND ACKNOWLEDGE THAT I FULLY COMPREHEND AND APPRECIATE SUCH RISKS, WHICH INCLUDE BUT ARE NOT LIMITED TO BODILY INJURY, DEATH AND PROPERTY DAMAGE AS WELL AS LOSS OF INCOME, ALL OF WHICH COULD OCCUR AT ANY TIME AND WITHOUT APPARENT WARNING DUE EITHER TO THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE IN THE FIREARMS TRAINING, AND ERIE COUNTY HOLDING CENTER TOUR AS A RESULT OF THEIR PARTICIPATION.

Releasor expressly agrees that this Release, Waiver of Liability and Agreement of Assumption of the Risk is intended to be as broad and inclusive as permitted by the laws of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student's Signature

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#### Youth Academy Consent/Release and Waiver of Liability

I hereby release, waive and discharge the Town of Cheektowaga, Town of Cheektowaga Police Department, their employees, representative and agents from all manner of liability, actions, injury, suits, damages, claims, false arrests, and demands whatsoever in law or equity, whichever had, now, has or may in the future have arising out of participation in the Cheektowaga Police Department's Youth Academy. I consent to my child participating in the firearms training which may include firing a handgun under the direct supervision of a NYS Certified Firearms Instructor of the Cheektowaga Police Department. I consent to my child participating in the TASER training which may include being exposed to the effects of the TASER under the direct supervision of a Certified Cheektowaga Police Officer. The program has been explained to me fully and I understand the requirements associated with it.

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Parent/Guardian's Name (Print)

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Parent/Guardian's Signature

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Student's Name (Print)

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Student's Signature

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#### Media Release

Throughout the Youth Academy, students may be highlighted in efforts to promote the CPYA activities and achievements. For example, students may be featured in materials to increase public awareness of our program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media. I, as the parent or guardian \_\_\_\_\_ of \_\_\_\_\_, hereby give the Cheektowaga Police Department and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither the Town of Cheektowaga, Town of Cheektowaga Police Department, their employees, nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b. I further release and hold harmless the Town of Cheektowaga, Town of Cheektowaga Police Department, their employees, representatives and agents from any liabilities, known or unknown, arising out of the use of this material. I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

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Parent/Guardian's Name (Print)

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Parent/Guardian's Signature

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Student's Name (Print)

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Student's Signature

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State of New York

County of Erie

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

COMPLETED APPLICATION PACKETS **MUST** BE RETURNED TO THE CHEEKTOWAGA POLICE

DEPARTMENT BY **June 10<sup>th</sup>, 2022**

Cheektowaga Police Department  
Community Services Unit  
C/O Youth Academy  
3223 Union Road  
Cheektowaga, NY 14227