

SHANNON
SENATOR CHARLES E. SHANNON COMMUNITY SAFETY INITIATIVE



**CHICOPEE POLICE DEPARTMENT
2023 YOUTH POLICE ACADEMY
June 26, 2023 – June 30, 2023**

8:00AM – 3:00PM

The Chicopee Police Department and the Boys & Girls Club of Chicopee seeks to provide innovative and effective programs for the youth in our community. The Youth Police Academy is such a program! It is designed to establish a positive relationship between the Chicopee Police and the youth in our community. There is no cost to attend the academy, and size is limited to 25-30 participants each week. All cadets need is transportation to Chicopee Comprehensive High School each morning (**no earlier than 7:45AM**) for an 8:00AM start. Cadets are to be picked up each afternoon from Chicopee Comprehensive High School promptly at 3:00PM unless otherwise specified.

GOALS of the CPD Youth Police Academy:

- Enhance responsible citizenship
- Provide positive interaction with police officers and educate young people about the challenges and responsibilities of police work
- Provide team building activities to instill positive qualities in the student cadets

Eligibility to attend this Chicopee Youth Police Academy:

- Be a resident of Chicopee and member of the Boys & Girls Club of Chicopee
- Age 14 to 17

Classes will be held at the Chicopee Comprehensive High School. Cadets will attend classroom sessions with lectures, role-plays, and interactive demonstrations by police officers of the Chicopee Police Department in the areas of Motor Vehicle Law, CPR and First Aid, Defensive Tactics, Applied Patrol Procedures, Drill and Ceremony, Drug Recognition and Gun Safety – just to name a few. Cadets will participate in PT (Physical Training) each day

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Chicopee Police Department Youth Academy

INSTRUCTIONS ON HOW TO APPLY

- Complete Cadet Application
- Complete and sign Student Contract
- Complete and sign Permission Slip – Parent/Guardian
- Complete and sign Release of Liability – Parent/Guardian and Student
- Complete and sign Emergency Contact Form - Parent/Guardian and Student
- Complete and sign Authorization to Take and Use Photographs/Video and Waiver and Release of Claims
- Complete the application to the Boys & Girls Club of Chicopee



Chicopee Police Department Youth Academy

Application 2023

- 1. Student Name: _____
- 2. Home Address: _____
- 3. Telephone#: (H) _____ (C) _____
- 4. Date of Birth: _____ Age: _____ Sex: M F
- 5. Incoming Grade: _____
- 6. Adult Shirt Size (circle one)
 S M L XL

If you require youth size please specify here: _____

Program will run from 8:00am to 3:00pm

Location: Chicopee Comprehensive
High School

Parents, this is a 1-week commitment

Attendance is mandatory, due to the number of applicants wanting to attend.

Space is limited.

Lunches & Water will be provided by the Chicopee Police Department.

Please email with any questions regarding Academy at:

School Resource Officer Mark Hammon

mhammon@chicopeepolice.com

This program is partially funded through **The Shannon Grant** in Collaboration with the Chicopee Police Department and the Boys & Girls Club of Chicopee



STUDENT CONTRACT

I am willing to abide by the conditions and regulations set forth by the Chicopee Youth Police Academy. I realize that failure to comply with these rules may result in termination from the Chicopee Youth Police Academy.

Student Signature: _____

Date: _____

PARENT/GUARDIAN CONSENT

Parent/Guardian Signature: _____

Date: _____



PARENT/GUARDIAN PERMISSION SLIP

Permission of the Parent or Guardian is Mandatory for Applicants

I, (print) _____ am the Parent/Guardian of
(print) _____ hereinafter referred to as the (CHILD).
I am over 18 years of age and reside at _____

In consideration of and for the permission and authority of my CHILD to participate in the Chicopee Youth Police Academy which includes classroom instruction, field trips and physical activities, I hereby release and forever discharge, and shall hold harmless and indemnify the Chicopee Police Department and or The City of Chicopee –and its agents, servants and employees (collectively hereinafter referred to as the HOST) from all actions, causes of actions, suits, debts, sums of money, accounts, damages, judgments, claims and demands whatsoever which I or my CHILD, or our heirs, executors, administrators, successors, and assigns may have now or in the future against the HOST arising out of my CHILD'S participation in the Chicopee Youth Police Academy including, but not limited to the aforementioned activities and any acts related thereto. This release may not be changed orally.

Parent/Guardian Signature:

Application will not be accepted if not accompanied by Parent/Guardian signature.



**BOYS & GIRLS CLUB
OF CHICOPEE**

PARTICIPANT RELEASE OF LIABILITY

The Chicopee Police Department’s training workshops use a variety of activities including PT (physical training), games, team building activities and defensive tactics. Some of these can be physically demanding but are designed to be within the capability of anyone who is in reasonably good health.

All activities are presented on a “Challenge by Choice” basis. This means that participants choose their own level of participation. Although safety is a very high priority of all the Chicopee Police Department’s training, there is a risk which must be assumed by each participant that she or he may suffer an emotional or physical injury. Each participant in a Chicopee Police Department’s workshop is required to have health insurance coverage. The information on this form is intended to help inform the Chicopee Police Department staff of any pre-existing medical conditions and to help determine if consultation with a physician is recommended prior to participating in a workshop. This information will be kept in strict confidence by the Chicopee Police Department and only shared with your permission.

PLEASE PRINT:

Participant’s Name (First and Last)

Address:

Sex Male / Female

Date of Birth / /

Participant’s Health Insurance Provider Member #: _____

Have you had surgery in the past year or do you have any limiting physical or health disabilities or handicaps (temporary or permanent that your doctor feels would limit your participation in the Chicopee Youth Police Academy? (Check one)

Yes

No



Yes

No

MEDICAL CONCERNS/ISSUES? (Check one)

If yes, please explain:

Are you currently taking any medication(s)? (Check one)

Yes

No

If yes, please explain:

List the medication and the condition it is for:

Food, environmental, pharmaceutical or other allergies? (Check one)

If yes, please explain:



2023 Chicopee Youth Police Academy

(Participant Release of Liability continued)

I affirm that the confidential medical information which has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me and I agree to hold the Chicopee Police Department and The City of Chicopee, harmless if full disclosure of pre-existing medical conditions has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment which may become necessary. I understand that parts of the Chicopee Youth Police Academy's courses offered at this youth police academy may be emotionally and physically demanding. I agree to follow all safety instructions given by the Chicopee Police Department staff/or other staff members during the training workshop. I recognize the inherent risk of injury or disability in the adventure course activities offered by Chicopee Police Department. I understand that each participant must assume the risk of injury or disability from these activities. I release the Chicopee Police Department and the City of Chicopee from all liabilities for any injury to me from participation in the adventure activities offered by the Chicopee Police Department.

Participant Signature :

Parent/Guardian Signature :



2023 Chicopee Youth Police Academy Emergency Contact Information

Name: _____

Participant Cell Phone: _____

Primary Emergency Contact

Contact Name: _____

Relationship: _____

Cell phone number: _____

Daytime Phone Number: _____

Evening Phone Number: _____

E-MAIL: _____

Alternate Emergency Contact

Contact Name: _____

Relationship: _____

Cell phone number: _____

Daytime Phone Number: _____

Evening Phone Number: _____

E-MAIL: _____

I verify this information is correct

Parent Signature: _____

Date: _____



Authorization to Take and Use Photographs/Video and Waiver and Release of Claims

I, _____, hereby grant the Chicopee Police Department, its directors, officers, employees, agents, and designees (collectively "CPD") non-revocable permission to capture my image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively "Images"). I acknowledge that CPD will own such Images and further grant the CPD permission to copyright, display, publish, distribute, use, modify, print and reprint such Images in any manner whatsoever related to CPD business, including without limitation, publications, advertisements, brochures, web site images, social media or other electronic displays and transmissions thereof. I further waive any right to inspect or approve the use of the Image by the CPD prior to its use. I forever release and hold the CPD harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.

I hereby certify that I am the parent and/or guardian of a child under the age of 18 years, and hereby consent that any Images (as defined above) may be used for any purposes set forth in this Authorization and Release above.

Printed Name (Parent): _____

Signature (Parent): _____

Student Name: _____

Address: _____

Date: _____