Suffolk Youth Public Safety Academy
Application and Release

Youth's Name: _____

Address: _____
Street Address City State Zip

Home Phone: _____Date of Birth: _____Grade:_____ Gender: M or F

Shirt Size (Adult) _____ Mother's Name: _____ Mother's Cell Phone:_____

Father's Name: _____ Father's Cell Phone: _____ Child resides with: _____

School Attended: _____ Medical Conditions: _____

Medications Currently Being Taken: _____

In case of any emergency, and we cannot contact you, please list two people other than yourself that we may contact.

Name:_____Phone/Cell:_____

Name:_____Phone/Cell:_____

The local hospitals require the following information to treat your child in case of emergency:

Insurance Co._____Policy#_____

Name of Insured _____

Name of personal physician_____Phone_____

Any Allergies? If yes, please list_____

Any recent illnesses? Please explain:_____

Current Medications?_____

List two (2) individuals that have permission to pick up your child.

Name:_____Address:_____Phone:_____

Name:_____Address:_____Phone:_____

NOTE: If your child is to be picked up by a person other than anyone listed above, we <u>MUST</u> have signed written instructions from the parent/guardian.
Please list any reasons which cause this child to be at risk. These can include such things as single parent home, early involvement with police, learning disabilities, difficulty in school etc:

_____

This constitutes our application and consent that the above named minor participates in the recreation programs sponsored by the Suffolk Department of Fire & Rescue and Suffolk Police Department. We understand and acknowledge that recreational programs may involve risk of injury to participants, including injury from bodily contact with other participants and/or other risks inherent in the activity, and that the City has no medical insurance or coverage for injuries resulting from such recreational activity. The undersigned further agrees that the City will not be held responsible for any such accidental injuries, not involving the fault or negligence of the City.

If immediate contact cannot be made for any emergency medical care, we authorize and consent to such emergency medical care and treatment prescribed by a fire medic or duly licensed physician as the physician deem advisable, and the undersigned will be responsible for any such medical care or treatment rendered.

DATE:_____ _____ (Parent or Guardian)