

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 MUST 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. Please be advised that all participants involved in any department programs or special events are subject to being photographed or video recorded. Such photographs or video recordings may be used by the City of Suffolk without an obligation to provide compensation to those photographed or video recorded.*

**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. I also authorize my child's school to release my child to a member of the City of Suffolk Department of Parks and Recreation for the purpose of transporting my child to the program each week.**

DATE: \_\_\_\_\_ (Parent or Guardian)