



RICHARD J. McLAUGHLIN  
CHIEF OF POLICE

## TOWN OF BELMONT

460 CONCORD AVENUE  
P.O. BOX 130  
BELMONT, MASSACHUSETTS 02478-0002

POLICE DEPARTMENT



TELEPHONE  
(617) 484-1215

March 10, 2016

Dear Parents/Guardians,

This is an exciting and fun opportunity for your child this summer. The Belmont and Waltham Police Departments are teaming up to run a two week Youth Police Academy.

The program is open to any Belmont child, age 12-16.

The academy will give participants a chance to learn some of the things officers learn in a real police academy. Topics will include defensive tactics, motor vehicle laws and car stops, drug ID and investigation, computer forensics and social media safety and much more.

Days will start off with physical training and then move on to both classroom and practical exercises.

**A commitment to attend for the full program is required. There will be a mandatory parent orientation night approximately 2-3 weeks before the academy.**

**Place: Waltham High School, 617 Lexington St., Waltham**

**Dates: August 8-19, 2016**

**Time: 8:30 a.m. – 2:15 p.m.**

**Cost: \$150.**

If you would like your child to participate, please complete the attached application and return it to:

Belmont Recreation Department  
PO Box 56  
Belmont, MA 02478

Space is limited so please do not wait. You will be notified by phone if you have been accepted or placed on the wait list. If you have any questions regarding this program you can contact the Belmont Recreation Department at 617-993-2760

**BELMONT POLICE YOUTH ACADEMY**

**Membership Application**

**PLEASE PRINT**

Participants Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender- M / F

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent(s) or Guardian \_\_\_\_\_

Email \_\_\_\_\_

Living with them? Yes \_\_\_ No \_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

In case of Emergency notify: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please Read and Sign Below**

In addition to this completed application, a signed accident waiver and release from liability form must also be on file before a new member can participate in the Belmont Police Youth Academy. The original waiver form **MUST** be in possession of the student officer throughout the academy.

I, \_\_\_\_\_ (participants signature), agree to follow the rules and regulations concerning conduct and dress while participating in the Belmont Police Youth Academy. Should I violate these, I understand that I may be subject to expulsion from the program.

## Belmont Police Youth Academy

Participants Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list any and all physical/medical conditions that may affect participation in the physical activities of the Belmont Police Youth Academy

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List any medications the participant is taking: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

### **Parents/Legal Guardian**

I, \_\_\_\_\_, release the Town of Belmont/City of Waltham and all of its officers, employees, agents, and the Belmont/Waltham Police Youth Academy staff from any and all liabilities or responsibilities pertaining to accidents, injuries, deaths, or complications resulting from activities, or while transporting participants to or from activities.

I authorize the Belmont Police Academy leadership to transport the above named participant to the nearest hospital in case of injury while the participant is involved in Youth Academy activities.

I authorize the hospital attending physician to administer necessary emergency professional medical care to the above named participant upon his/her arrival at the hospital

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Telephone \_\_\_\_\_

**NOTE: This form must be completed and signed before the named participant can be assigned to the program.**