

**JACKSONVILLE BEACH POLICE DEPARTMENT  
YOUTH POLICE ACADEMY  
APPLICATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

PARENT NAME & PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_ GRADE: \_\_\_\_\_

WHY DO YOU WISH TO ATTEND THE YOUTH POLICE ACADEMY?

\_\_\_\_\_

HOW DID YOU HEAR ABOUT THE ACADEMY?

\_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

APPLICANTS SIGNATURE

\_\_\_\_\_

PARENTS SIGNATURE

APPLICATIONS MAY BE DELIVERED TO:

JACKSONVILLE BEACH POLICE DEPARTMENT  
Attention: E. Shaughnessy, Detective Sergeant (904-270-1676)  
101 SOUTH PENMAN ROAD  
JACKSONVILLE BEACH, FLORIDA 32250  
E-Mail: [eshaughnessy@jaxbchfl.net](mailto:eshaughnessy@jaxbchfl.net)



**WAIVER, RELEASE AND COVENANT  
NOT TO SUE IN CONNECTION WITH  
PARTICIPATION IN THE JACKSONVILLE  
BEACH YOUTH POLICE ACADEMY**

In consideration of the **CITY OF JACKSONVILLE BEACH** (City), allowing \_\_\_\_\_, to participate in the activities of its Youth Police Academy, as shown more fully on Exhibit A hereto, the undersigned releases City, its agents, officers, servants and employees, of and from all liability, claims, demands, actions and causes of action, arising of or related to any loss, damage, or injury, including death, that may be sustained by any of the undersigned, or any property of any of the undersigned, while in, on or upon the premises described in Exhibit A, or any premises leased to, owned by, or under the control or supervision of City, or en route to or from these premises, or any other premises under its control or supervision when used in connection with the activities of the Youth Police Academy.

This release shall be binding upon heirs, next of kin, executors and administrators of the undersigned.

The undersigned does further covenant with City that \_\_\_\_\_ will never at any future time sue City for or on account of any claim for damages arising out of the participation in the activities of the Youth Police Academy.

I have read and understand the above on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. By signing this document, I am also certifying that I am the parents or legal guardian for \_\_\_\_\_.

Signature of parent or legal guardian: \_\_\_\_\_

Print name: \_\_\_\_\_

# Youth Police Academy 2019

## **Class 21**

### **Session One**

**June 1, 2019**

Introduction/Orientation  
Building Tour and Vehicle Display  
Patrol Section

**09:30A.M.-12:00P.M.**

### **Session Two**

**June 8, 2019**

Criminal Investigations  
SWAT

**09:30A.M.-12:00P.M**

### **Session Three**

**June 15, 2019**

CPR & JBFD Fire Truck Display- Capt. Steve Sciotto  
K-9 Presentation and Demo

**09:30A.M.-12:00P.M.**

### **Session Four**

**June 22, 2019**

Crime Scene Investigation (CSI)  
Cyber-bullying/Crime Prevention/Stranger Danger

**09:30A.M.-12:00P.M.**

### **Session Five**

**June 28, 2019 (Friday Night)**

Defensive Tactics

**6:30P.M.-8:00P.M.**

### **Graduation**

**June 29, 2019**

**1100-1200**