



MONTGOMERY TOWNSHIP POLICE DEPARTMENT

J. Scott Bendig
Chief of Police

1001 Stump Road • P.O. Box 68 • Montgomeryville, PA 18936
215-362-2301 • Fax 215-362-6383

Junior Police Academy (July 6,2023)

Cadet Application

Cadet First Name: _____

Cadet Last Name: _____

Home Address: _____

Age (9-11): _____

1. Parent/Guardian Name & Phone #: _____

2. Parent/Guardian Name & Phone #: _____

3. Parent/Guardian Email: _____

Click one of the Check Boxes below for shirt size.

Youth Shirt Size Chart: **S** (6-8) **M** (10-12) **L** (14-16) **XL** (18-20)

Allergies: _____

Medication(s) needed or other information about your child that you would like us to know:



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**MONTGOMERY TOWNSHIP
LIABILITY RELEASE AND PERMISSION FORM
FOR MINOR PARTICIPANTS IN A COMMUNITY SERVICE PROGRAM
PROGRAM: Junior Police Academy**

All minor participants and their parents or guardians must sign this liability release and permission form and submit the completed form to the Township representatives before they participate as a Montgomery Township Community Service Program participant.

I, the parent/guardian of the undersigned participant grant my permission for him/her to participate in the Montgomery Township Community Service program and that both of us understand and assume all of the risks of his/her participation.

We, the undersigned, certify that the participant is in good health and is able to participate in such program and we hereby acknowledge that participation in this program involves a risk of bodily injury, including, but not limited to, fractures, head and neck injuries, and the possibility of permanent disability and/or death.

We understand that no health, and/or accident insurance is provided for program participants and I, the undersigned parent or guardian of the participant, accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

NOW THEREFORE, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of the undersigned's participation therein, we do hereby, for ourselves, our heirs, executors, administrators, and assigns forever remise, release and discharge Montgomery Township, and its successors and assigns, directors, officers, members, agents and representatives and employees, and their heirs, executors, administrators, and assigns, from any and all of manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which we or our legal representative may have or may acquire against Montgomery Township, or its directors, officers, members, agents, or other representatives, by reason of any loss resulting from personal injury or damage to any other personal property belonging to us, which may occur during or by reason of the undersigned participant's participation in this program.

We agree that Montgomery Township shall have the right at its discretion to enforce established rules of conduct and/or terminate the undersigned participant's participation in the program for failure to follow these rules of conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the program as whole.

We hereby grant Montgomery Township and any of its directors, officers, members, agents, and other representatives of the Township, full authority to take whatever action they consider to be warranted regarding the undersigned participant's health and safety, and we fully release all of the from any liability for such actions taken on our behalf.

We have signed this waiver and release on the _____ day of _____, 20____

Print Name of Participant: _____

Signature of Participant: _____

Print Name of Parent and/or Guardian: _____

Signature of Parent and/or Guardian: _____

Home Address: _____

Phone Number: _____