

**MURPHY POLICE DEPARTMENT  
YOUTH CITIZENS POLICE ACADEMY  
PROGRAM APPLICATION  
(Please Print – Black Ink Only)**

This application and related documents must be filled out completely by a parent and prospective student. The filing of this paperwork does not guarantee acceptance into the YCPA program. All questions shall be answered truthfully; any falsification or omissions shall be grounds for dismissal from program. The selection process is very competitive. It is very important that you thoroughly review the applicant packet. Please read all instructions and pay close attention to detail. If you have a question please contact the YCPA Coordinator.

**APPLICANT STUDENT INFORMATION**

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Have you ever been convicted of a crime? Yes or No (If yes, list crimes, attach a separate sheet of paper if necessary.)

Do you have a 2.0 grade point average or higher? Yes or No

Have you been expelled, suspended or had more than two office referrals this or last semester? Yes or No (If yes explain) \_\_\_\_\_

**WAIVER OF LIABILITY**

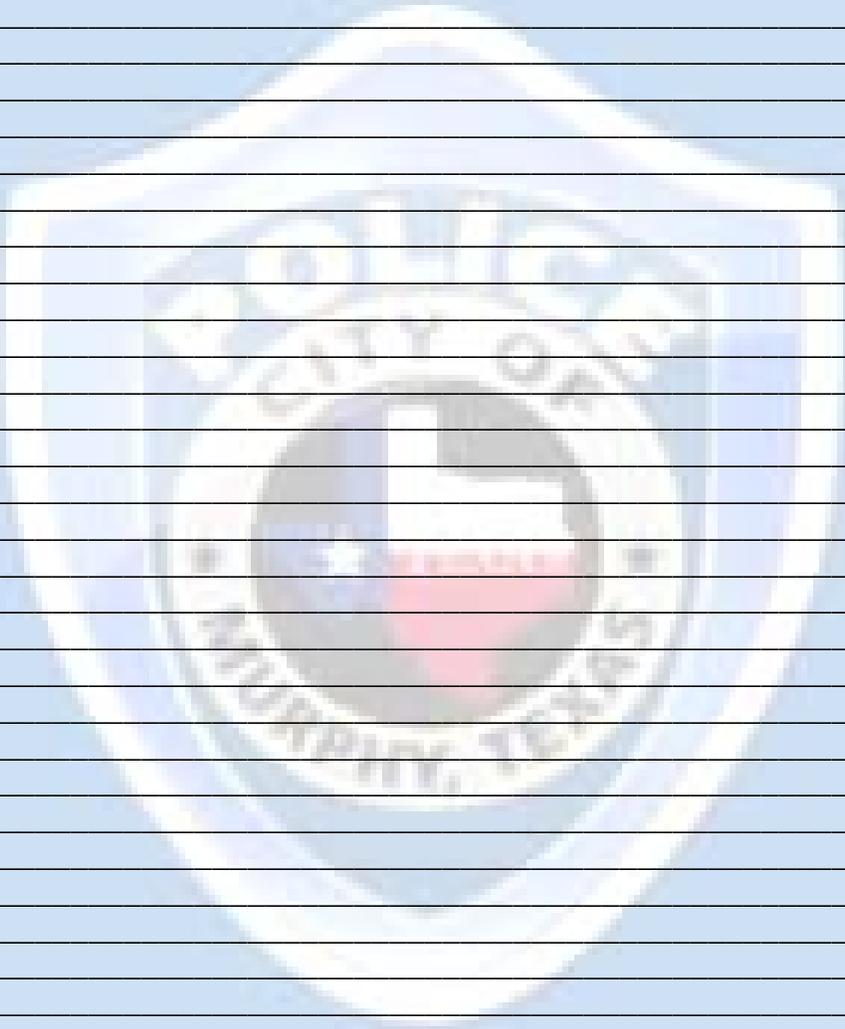
The signing of this application and related paperwork attests that you, as legal guardian of \_\_\_\_\_, and the Applicant Candidate agree to adhere to all guidelines, Requirements, rules of conduct and release the City of Murphy, Texas and Murphy Police Department and all of its agents from liability.

Applicant Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**MURPHY POLICE DEPARTMENT  
YOUTH CITIZENS POLICE ACADEMY  
PROGRAM APPLICATION – PART TWO ESSAY  
(Please Print – Black Ink Only)**

In your own words, please write a five-hundred-word essay on why you want to attend the Youth Citizens Police Academy.



Student Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MURPHY POLICE DEPARTMENT**  
**YOUTH CITIZENS POLICE ACADEMY**  
**STUDENT BEHAVIORAL CONTRACT**

The purpose of this contract is to inform the above named student that he/she must comply with all provisions of the Youth Citizens Police Academy and to the specific terms set forth in this contract. The student understands that due to the nature of this academy there will be a **ZERO TOLERANCE** rule in effect. Undesirable conduct code will result in the immediate removal of the student from the academy. This contract is in effect for the safety of all students and instructors. This contract represents an agreement by the student that he/she received a copy of the Code of Conduct and the student agrees to adhere to this Code of Conduct at all times while enrolled in the Youth Citizens Police Academy.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MURPHY POLICE DEPARTMENT  
YOUTH CITIZENS POLICE ACADEMY  
RELEASE OF LIABILITY WAIVER FORM**

(Please Print or Type)

I, the undersigned, (Parent's Name) \_\_\_\_\_ residing at (Address) \_\_\_\_\_, County of Collin, State of Texas, being the parent or legal guardian of (Participant's Name) \_\_\_\_\_, do hereby give my permission for him/her to attend the Youth Citizens Police Academy and in consideration of allowing him/her to participate in the above mentioned program. Voluntarily and knowingly release and discharge the Youth Citizens Police Academy, City of Murphy, the Murphy Police Department's employees, agents, successors, assigns and all others who may be liable from all claims, present and future, known or unknown, in any manner arising out of his/her participation in the Youth Citizens Police Academy.

I also acknowledge that (Participant's Name) \_\_\_\_\_ has no limiting medical conditions and is fully capable of participating in the program. I appoint the Murphy Police Department to act in my place, in the event that:

(Participant's Name) \_\_\_\_\_ should require medical attention while involved in the Youth Citizens Police Academy program. This appointment is for the purpose of securing benefits for the health and welfare of:

(Participant's Name) \_\_\_\_\_ and expressly includes the authority to sign releases to physicians who may render emergency medical care and services. I promise to assume liability for payment of all such professional services, and to reimburse the City of Murphy for any expense that may be incurred for treatment, care, drugs, and other services for: (Participant's Name) \_\_\_\_\_.

In consideration of all above as well as the supervision provided on my behalf and on behalf of (Participant's Name) \_\_\_\_\_. I hereby agree to hold the Murphy Police Department, City of Murphy's employees, agents, successors, assigns, its agents and all others who may be liable, harmless for results of any decision it may make in connection with the care and treatment of (Participant's Name) \_\_\_\_\_.

I agree that if the above mentioned participant's behavior is such that it endangers the welfare of the entire group, the Murphy Police Department may dismiss participant from the YCPA program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address & Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Signature of Notary Public

Subscribed and sworn to before me this \_\_\_\_\_ day of 20\_\_\_\_\_.

**MURPHY POLICE DEPARTMENT  
YOUTH CITIZENS POLICE ACADEMY**

Please return application packet to:

Officer Kris Riebschlager  
YCPA Coordinator  
206 North Murphy Road  
Murphy, Texas 75094

Deadline for submission is: Friday, July 8th, 2011

**Please make sure we have good contact numbers for parents to be reached during the daytime.**