

LEADERSHIP EDUCATION AND DEVELOPMENT (LEAD) HB ACADEMY

2017 APPLICATION

Name: _____ (M/F) ___ Age ___ (DOB) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone # (____) ____ - _____ E-mail: _____

School: _____ City: _____ State: _____

Employer: _____ City: _____ State: _____

T-shirt size: S M L XL XXL Waist size for board shorts: _____

Will you be dropped off each day or will you be driving yourself? Dropped off/Driving (circle one)

Name(s) of Parent(s) or Legal Guardian(s): _____

Address: _____ City: _____ State: _____

Telephone: Area Code (____) ____ - _____ E-mail: _____

Name of Employer: _____ Telephone: (____) ____ - _____

Please provide the following information/materials: (For sections requiring a written response, complete on a separate sheet/s of paper, listing the category/question and response:

1. A copy of your high school transcript.
2. Attach a resume if you have one.
3. Please list any Sports, School Clubs/Activities/Offices, Hobbies, and Special Interests/Talents.
4. Please write a one page essay on why you would like to attend and what you expect to gain from the LEAD HB program.
5. A letter of recommendation from somebody other than a family member.

Applicant's Signature: _____ **Date:** _____

Print Name: _____

Parental Consent/Release of Liability

The LEAD HB program is a weeklong youth development program. The curriculum includes hands-on activities where good health and good physical condition are required. The program also includes field trips for learning and community service.

I hereby release, discharge, and covenant not to sue the *Huntington Beach Police Department*, its officers, employees, agents, servants, and volunteers, and any other supporting agency, and/or all other sponsors from any and all claims and liability rising out of strict liability or negligence of release. I agree to hold harmless and/or indemnify release for any and all claims, judgments or expenses, including attorney fees, releasee may incur arising out of my child's activities and/or participation in this event.

I understand that my child's participation in this event contains certain dangers and risk of injury, that the event will be indoors and outdoors, and that there is an inherent danger which I appreciate and voluntarily assume, because I choose to do so. I further know that other participants may pose a danger to my child as this is a physical activity. I voluntarily elect to accept all risks connected with my child's participation in this event.

I agree that this agreement shall apply to any incident, injury, or accident occurring at the event and to any incident, injury, accident occurring within a period of one year after the execution of this agreement.

Throughout the program videos and photos will be taken by academy staff and academy volunteers. I agree that these items are the property of the Huntington Beach Police Department and may be used in various forms for promotion and/or for marketing material.

If selected to attend, but unable to show up, I will notify the staff as soon as possible. Further, I understand that should my son/daughter leave the program prior to the scheduled completion time, I am responsible for picking up my child at the specified location.

I have read and understand the components of the LEAD HB program and the Parental Consent/Release of Liability. With this knowledge, I give my permission for my son/daughter to participate fully.

Parent/Guardian Name (*Please Print*)

Parent/Guardian Signature

Date

Medical Information/Release

My son/daughter is covered by:

Insurance Plan: _____ Plan #: _____

Family Physician: _____ Physician's Phone #: _____

Parent's Name: _____ Home Phone #: _____

Mother's Work #: _____ Father's Work #: _____

Mother's Cell Phone #: _____ Father's Cell Phone #: _____

In case of emergency, and I cannot be reached, please contact:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Health information:

My son/daughter has:

Special medical conditions No Yes _____

Allergies No Yes _____

Special medication No Yes _____

Special dietary requirements No Yes _____

In case of accident or other emergency, if parent or guardian cannot be reached, I authorize a representative from the Huntington Beach Police Department to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including transportation. I further authorize the physician named above to undertake such care and treatment of my child as he/she considers necessary. I authorize medical and/or hospital care and treatment to be performed by any licensed physician or surgeon.

Print Name: _____ Relationship: _____

Signature: _____ Date: _____

Return Completed Forms by April 14th, 2017

Mail to:

Huntington Beach Police Department
C/O LEAD HB SRO
2000 Main St
Huntington Beach, CA 92648

Or scan and email (ensure that it is legible) the completed forms to:

LEADHB@hbpd.org