

Aurora Police Department
Global Teen Academy
June 10 – 21, 2024
July 22 – August 2, 2024
2024 APPLICATION



The following information (*) is required, if it does not apply to you, please use NA.

*LAST NAME: _____ *FIRST NAME _____

*ADDRESS: _____
STREET CITY STATE ZIP

*HOME PHONE: _____ *MOBILE PHONE(student): _____

RACE: _____ SEX: _____ * BIRTHDATE: _____ D/L #: _____

SCHOOL ATTENDING _____ NEXT GRADE ATTENDING: _____

*PARENT/GUARDIAN EMAIL ADDRESS: _____

*APPLICANT EMAIL ADDRESS: _____

PLEASE LIST ANY PHYSICAL LIMITATIONS THAT YOU FEEL THE ACADEMY STAFF NEEDS TO KNOW ABOUT: _____

FOOD ALLERGIES? _____

HOW DID YOU FIRST HEAR ABOUT THE TEEN POLICE ACADEMY, WHY DO YOU WANT TO ATTEND?

*HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME? __Y__N. IF YES EXPLAIN:

By my signature below I acknowledge the above information is a true and accurate representation and that **all the above information is required** for the Aurora Police Department to conduct a background inquiry. **IF UNDER 18, PARENT OF GUARDAIN MUST SIGN!**

*SIGNATURE (student): _____

*GUARDIAN NAME: _____

*GUARDIAN SIGNATURE: _____

Completed Applications may be mailed, emailed or delivered to:

Global Teen Police Academy
13347 E Montview Blvd.
Aurora, CO 80045
Office: 303.739.7653
Email: APDSRO_GTPA@auroragov.org

I will attend (Check One):

6/10 – 6/22	7/22 – 8/2
Morning _____	Morning _____
Afternoon _____	Afternoon _____
Either _____	Either _____
T-shirt size (Check One)	
S _____ M _____ L _____ XL _____ 2XL _____	

Aurora Police Department

Global Teen Academy

WAIVER, RELEASE, AND INDEMNIFICATION

The AURORA POLICE DEPARTMENT TEEN Academy is conducted by the Aurora Police Department. The TEEN Academy exposes participants to major aspects of the operations of the Aurora Police Department. Classes are conducted at the Aurora Police Department, and other locations. In consideration for the privilege and benefits to be derived from participating in the Aurora Police Department TEEN Academy, the CHIEF OF POLICE requires all participants therein to execute this waiver, release, and indemnification.

Participation in the TEEN Academy may involve physical activities such as, but not limited to, lifting, walking, riding in motor vehicles, and the discharging of firearms. Associated risks may include, but are not limited to falls, interaction with other participants, effects of weather, the physical conditions of the facilities, and features and equipment located thereon, the inherent risks of being near the discharge of firearms and the utilization of equipment and weaponry used by law enforcement personnel.

I understand that there is a risk of injury from participation in TEEN Academy activities, including any transportation provided to, from, and between such activities. I represent and warrant myself to be physically fit and able to participate in such activities, and I agree to stop and request assistance if I experience any symptoms or other conditions that would make it difficult or unsafe to continue; further understanding that I am solely responsible for my own health and safety. I understand that the privilege of participating in the TEEN Academy will be governed by the CHIEF OF POLICE (inclusive of Aurora Police Department Officers, officials, representatives, and employees) and I will abide by and follow any and all directions given by such Aurora Police Department personnel. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below and assume full responsibility for my participation.

I, for myself and on behalf of my heirs HEREBY RELEASE AND HOLD HARMLESS THE AURORA POLICE DEPARTMENT, THE CITY OF AURORA, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES OR OTHER PREMISES AND FACILITIES UTILIZED BY THE CHIEF OF POLICE FOR TEEN ACADEMY ACTIVITIES, (Releases), with respect to any and all injury, disability, death, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

WITNESSES:

*Name of student: _____ *Signature of the student _____

*Date of Birth: _____

*Name of parent/legal guardian: _____

*Parent/Legal Guardian ID/License # _____

*Cellphone (parent/guardian) #: _____

*Address: _____

*Signature Date: _____

Aurora Police Department Global Teen Academy

AURORA POLICE DEPARTMENT TEEN ACADEMY PHOTO RELEASE

I grant the Aurora Police Department the right to use and reproduce any and all photographs, video clips, and/or audio clips taken of my child in conjunction with their involvement at the **APD Teen Academy** in any external newsletters, brochures, web sites/social media sites, flyers and publications promoting the APD Teen Academy or reporting on activities associated with the Teen Academy.

I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection therewith.

Consent is also granted for any use of my child's name in any part of those publications listed above.

I understand that photos/audio/video used by the academy for the reasons stated above, are considered the property of the City of Aurora – Aurora Police Department and will not be sold. Further, the photos/video will not be reused without the express consent of APD officials or administration.

I understand that there is no monetary compensation for use of my child's image and that this waiver/release is good for the entire time that my child is enrolled in this program.

I have read this document and am fully aware of the consent and implications, legal, and otherwise.

*STUDENT NAME: _____

*PARENT/GUARDIAN NAME: _____

This is to certify that I, as parent/guardian with legal responsibility for this student

(Check One Below)

_____ **do consent and agree** to this Release as provided above.

_____ **do not agree** to this Release as provided above (*if you do not agree, we will ensure that any photos of your child will not use in an external newsletter, brochures, web sites/social media sites, flyers or publications*)

_____ *Date ____/____/____

*(parent/guardian signature)

Aurora Police Department

Global Teen Academy

Parent Consent Form – Aurora Police Department “CSI”

Dear Parent/Guardian,

Your child has volunteered to take the Global Teen Academy Course, which will include a presentation about the Crime Scene Investigation Unit. Due to the nature of this class, the course will show photographs that may be deemed graphic and/or disturbing. Although the class will be dealt with delicately, the nature of the content is unavoidable in any thorough Crime Scene Investigation course. If you or your child are uncomfortable exploring this material, please indicate below and the Teen Academy staff will provide an alternative activity for them during that time. During this course, the students and instructor will at all times act in a respectful manner towards the victims and crimes discussed.

Please fill in the information below, sign and return this form. If you have any questions and concerns, please reach out.

Best,

Aurora Police Department

School Resource Officers
303.739.7653

APDSRO_GTPA@auroragov.org

I understand that my child will be viewing photos and materials that may be deemed as disturbing and graphic. These are sensitive topics not commonly addressed in school.

*STUDENT NAME: _____

*PARENT/GUARDIAN NAME: _____

This is to certify that I, as parent/guardian with legal responsibility for this student

(Check One Below)

_____ **do consent and agree** to this Release as provided above.

_____ **do not agree** to this Release as provided above

_____ *Date ____/____/____

*(parent/guardian signature)