



APPLICANT

Birth Date	Age	Sex	Shirt Size (Please specify 'Youth' or 'Adult')
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(Official Use Only) DATE RECEIVED _____

PARTICIPANTS WAIVER AND RELEASE CONSENT FOR MEDICAL TREATMENT

Hatfield Police Department has arranged a Jr. Police Academy, which includes, but is not limited to sports, crafts, games and other activities as designed and implemented by the Hatfield Police Department.

If the program described above involves a sports program, I certify that I, the undersigned, as the parent or legal guardian of the participant listed below do certify that the participant is in good health and is able to participate in such program.

I understand that no health, and/or accident insurance is provided for participants and I 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 my child's participation therein, I do hereby, individually and as parent and/or legal guardian of my child, for myself, my child, my other heirs, executors, administrators, and assigns, forever remise, release and discharge Hatfield Police Department, their successors and assigns, directors, officers, members agents, and other representatives, and their heirs, executors, administrators, and assigns from any and all of manner of action, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or may acquire against Hatfield Police Department or their directors, officers, members, agents, and other representatives, by reason of any loss resulting from personal injury or to any personal property belonging to my child, which may occur during or by reason of my child's participation in said program.

I hereby grant Hatfield Police Department and any of their directors, officers, members, agents, and other representatives' full authority to take whatever action they consider to be warranted regarding my child's health and safety, and I fully release all of them from any liability for such actions taken on my child's behalf.

CONSENT FOR MEDICAL TREATMENT TO MINOR

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. This attention to be given under the direction of the directors, officers, members, agents and other representatives of Hatfield Police Department until such time as I may be contacted. I further authorize the directors, officers, members, agents and another representatives of Hatfield Police Department in my absence to authorize immediate first aid to my child and emergency transport to the appropriate medical care facility.

This release and consent will remain in effect for a period of one year from the date given below. I also, hereby assume the responsibility for payment of any such treatment and release the Hatfield Police Department and its officials from any and all liability or claims arising out of an injury, accident or sickness to my/our child.

INSURANCE COMPANY _____ POLICY # _____

MEDICAL HISTORY _____ DRUG ALLERGIES _____

PHYSICAL PROBLEMS _____ OTHER _____

MEDICAL DOCTOR _____ PHONE # _____

I certify that I am the parent or legal guardian of the participant named above; that I have read the foregoing release; and that I join in the release without reservation, granting my full consent to all actions provided for therein.

Signature of Parent or Legal Guardian _____

Home Address, if different from participant _____

_____ Date _____