Maynard Police Youth Academy

Membership Application

Please Print: Date Joined_____

_____ _____ _____
Participants Name Age Gender

_____ _____
Date of Birth Shirt Size

_____ _____
Address Telephone

_____
City State Zipcode

_____ _____
Parent(s) or Guardian Name Relation

Living with them? Yes___ No___ School_____ Grade_____

In Case of Emergency, notify: _____

Address: _____ Telephone: _____

Please Read and Sign Below:

In addition to this completed membership application, a **signed** accident waiver and release from liability form must also be on file before a new member can participate in the Maynard Police Youth Academy. The original waiver form **must** be in possession of the officer in charge throughout the academy.

I, _____ agree to follow all rules and regulations concerning
(Participants Signature)

conduct and dress while participating in the Maynard Police Youth Academy. Should I violate these, I understand that I may be subject to expulsion from the program.

This form may be filled out online, but must be printed, signed and brought or mailed to:
Maynard Police Department
197 Main St.
Maynard, MA 01754