



Muskegon Public Safety  
Youth Academy  
Application, Release & Waiver

**August  
10-14  
2020**

**APPLICANT INFORMATION**

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Student Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Circle Adult Shirt Size for student: Small Medium Large X-large XX-Large Other \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
List any medication the student takes: \_\_\_\_\_  
List any medication the student will need to take during the academy: \_\_\_\_\_  
Insurance policy and number: \_\_\_\_\_  
List any special circumstances/allergies/medical issues: \_\_\_\_\_  
\_\_\_\_\_

I give my consent for my child to participate in the MPSYA and all activities as planned unless advised prior in writing. I give the MPSYA Staff permission to take/use any images of my child while participating in this program. Should it be deemed necessary, I give permission for a representative of the MPSYA to transport my child to the nearest hospital for treatment in case of an emergency. I understand that I will be notified if a medical emergency should arise. I will ensure that my child is picked up on time and will fully participate in the program.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

I agree that I will follow all MPSYA Rules and Codes of Conducts and will notify staff in the event I move, am unable to finish the program, have new medical/mental health concerns or have contact with police outside of this program.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**