



Bowling Green Police Junior Police Academy **APPLICATION**



Select a date:

June 17, 18, 19, 2026

Sorry, we cannot allow
kids to repeat the class

July 8, 9, 10, 2026

Please Print

Student's Name _____

What name they like to be called: _____

Address _____

City & State _____ Zip _____

Home Phone _____

Parent's Work Phone _____ Cell Phone _____

Age as of July 1 (Student must be 10 on or before July 1 and no older than 12)

Parent's email: _____

Shirt Size

I give my permission for (student's name) _____ to participate in all activities of the Bowling Green Junior Police Academy.

Signature of parent or guardian _____ Date _____

Print name of parent or guardian _____

Make check for \$50, payable to *The City of Bowling Green*.

Drop off or mail application and check to:

Bowling Green Junior Police Academy
911 Kentucky Street
Bowling Green KY 42101

Questions? Email Officer Ronnie Ward, ronnie.ward@bgky.org

Class size is limited to 20 students

City of Bowling Green

Junior Police Academy

Release And Waiver Of Liability Consent To Use Photographs And Videos

(Please Print)

Student's Name _____

Name Of Parent Or Legal Guardian _____

Address _____

Any dietary needs No Yes (Please Describe) _____

Medications or Medical Conditions: No Yes (Please Describe) _____

Emergency Contact: _____ Phone: _____

Whereas; the City of Bowling Green Police Department is conducting a Junior Police Academy to be held for children ages 10-12 (participant); and, Whereas; the Junior Police Academy will consist of presentations by police officers, hands-on activities and games with events being held at the Warren County Justice Center and the Bowling Green Police Department Headquarters Building. NOW, THEREFORE, Participant's parent or legal guardian agrees as a condition of participation in the Junior Police Academy:

1. I desire for my child, named hereinabove, to engage voluntarily in the Junior Police Academy being conducted by the City of Bowling Green Police Department.
2. I certify that my child is physically fit, and capable to participate in this program, its activities and events, and have not been advised otherwise by a qualified medical person. I authorize medical treatment and services for my child if the need arises and I assume all responsibility and will fully indemnify the City for all medical and other costs incurred for such treatment and services. I appoint the City of Bowling Green Police Department to act in my place in the event that my child needs medical treatment while participating in this program and this appointment expressly includes the authority to sign medical releases to physicians who may render emergency medical care and services. I agree, for myself and on behalf of my child, to indemnify and hold the City of Bowling Green and its officers, officials, employees and agents harmless from and against any and all loss, damage, claim, demand, liability or expense by reason of any damage or injury to my child's property or my child which may be claimed to have arisen as a result of or in connection with the Junior Police Academy, whether or not all such liability, claims, demands, damages, expenses, rights of action or causes of action be caused by or be due to ordinary, gross, willful or wanton negligence or acts of omissions of the City of Bowling Green, its officials, officers, agents or employees or be caused by or be due to the negligence of my child.
3. I also acknowledge that the City may use pictures of the participating children for publicity for this program, including on the City's webpage and related promotional activities. I also acknowledge that local newspapers, television stations and other local media may take pictures or video of the children participating in this program. I hereby grant consent to the City of Bowling Green and its Police Department and their employees, officials and officers to use the pictures of my child in a City created publicity program to be provided on the City of Bowling Green's webpage, City Page and related promotional activities designed to promote this program and I further grant consent to allow my child to be photographed or video-taped by local media outlets, under the supervision of the Police Department, to further publicize this program. I hereby agree to release and hold the City and its Police Department and their employees, officials and officers harmless from any and all damages that anyone could claim from the use of my child's pictures or the video-tapes.
4. This release binds not only the participant with regard to any claims, but also Participant's heirs, legal representatives and assigns.
5. If any portion of this Release shall be held invalid, those parts that are not held invalid shall continue in full force and effect.

Student's Signature

Date

Student's Parent or Legal Guardian Signature

Date