



# JUNIOR POLICE ACADEMY



If you are thinking of pursuing a career in the criminal justice field after high school, or are just curious about law enforcement, then the Broken Arrow Police Department’s Junior Police Academy is for you.

We are currently accepting applications from qualified young men and women, between grades 9-12 and live in the City of Broken Arrow. (Some exceptions allowed). There are a limited number of openings in the Academy. In order for the Police Department to select the Youth who will attend the academy, we are requiring the applicant to submit a short application, which need to be filled out completely and returned to the Broken Arrow Police Department no later than March 15<sup>th</sup>, 2024. To be eligible to participate in the Academy, Cadets must have no convictions of a crime that is a felony. The Broken Arrow Police Department’s Junior Police Academy will not discriminate against any race, gender or religion. The Academy will be filled on a first come first served basis. **All cadets will pay \$25 to attend (Cash or Check).** Please make all checks payable to the City of Broken Arrow/Crime Prevention.

The Broken Arrow Police Department will be holding a Junior Police Academy on TBD. The Academy will be held from 8 am until 4 pm. Cadets will be expected to be on time each morning and picked up no later than 4:10 pm.

If you, your parents or guardians would like a form and/or have any questions regarding this program, please contact the Junior Police Academy Coordinator Officer Conner Poole via email (preferred) at [cpoole@brokenarrowok.gov](mailto:cpoole@brokenarrowok.gov) or at (918)-451-8200 ext. 8839.

### Personal Information

Cadet Name:	Address:	Date of Birth:	Phone:	Other Number:	Work Number:
Email:	School:	Have you ever been convicted of a crime: <input type="checkbox"/> Yes <input type="checkbox"/> No State: County:		Social Security Number:	
Parent/Guardian Name:	Primary Address:	Date of Birth:	Phone:	Other Number:	
Email:	School or Employer:	School or Employer Address:			Work/ School#:
Emergency Contact Name:	Primary Address:	Date of Birth:	Phone:	Other Number:	Relationship:
Email:	School or Employer:	School or Employer Address:			Work/ School#:
Emergency Contact Name:	Primary Address:	Date of Birth:	Phone:	Other Number:	Relationship:
Email:	School or Employer:	School or Employer Address:			Work/ School#:

The purpose of the Junior Police Academy is to foster better communication between youth and police through education. The academy will create a nucleus of well-informed youth who possess greater insight into police practices and services. It is hoped that graduates of the Academy will share this new knowledge with other youth of the community as the opportunity arises. Everyone benefits from enhancing youth understanding of the role and function of their police department.

In consideration of the benefits that I will receive from my participation in the Broken Arrow Police Department’s Junior Police Academy sponsored by the Broken Arrow Police Department, I do hereby release the City of Broken Arrow, its police officers, public officials, agents and employees from any and all liability, claims, demands, actions and causes of action which I may hereafter have on account of any and all injuries and damages to me or to my property, or my death, arising out of or related to any happening or occurrence while I am participating in the academy. For the same consideration, I agree to forever hold the City of Broken Arrow, Broken Arrow Police Department and any or their officers, agents employees, assigns and any other said persons harmless from any such liability, claims, demands, actions or causes of actions.

The terms thereof shall be in full force and effect during the period of my participation in the Broken Arrow Police Department’s Junior Police Academy.

## Participation

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- I agree to follow all directions given by the instructors, or other officers.
  - I understand that I am required to be on time for all classes and activities.
  - I agree to participate in all class assignments and activities and will not be excused from any activities without permission.
  - I will obey all signs and orders of the academy and I know that entrance into restricted areas without consent of the instructor is forbidden.
  - I will immediately report to the Academy instructor if I become ill or injured.
  - I understand that the possession or use of tobacco, alcohol, or drugs of any kind, other than those of which the Academy is aware, is forbidden.
  - I will not use vulgar, obscene, or profane language at any time.
  - I will conduct myself in a professional manner at all times in or out of class.
  - I understand that I am not a peace officer and will not attempt to present myself as a peace officer. I will not attempt to enforce any law violations or other legal situations.
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## Dress Code

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1. The class attire will be loose, but not baggy blue jeans or blue jean, blue denim or canvas shorts with a belt, Academy T- shirt, and athletic shoes. Shirts are to be worn tucked in. Ripped, torn, or stained clothing is not permitted nor are pants worn below the waistline.
  2. No short-shorts will be worn at any time during the Academy.
  3. Students must present themselves in a neat and well-groomed manner while attending the Academy.
  4. Girls are encouraged to leave purses at home and to carry only necessary items into class.
  5. Cell phones are to be turned off during the Academy.
  6. Any questionable clothing needing to be approved should not be worn.
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Signature of Cadet:

Signature of Parent/Guardian:

Date:

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## Medical Release Form

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I, \_\_\_\_\_ (parent, guardian's name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (child's name) in the event of an accident, injury, sickness, etc., under the direction of the Broken Arrow Police Department, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of the Broken Arrow Police Department's Junior Police Academy.

Address:

Date of Birth:

Phone:

Other Number:

Work Number:

Insurance Provider:

Policy Number:

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As the parent or legal guardian of the above named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent.

Signature of Parent or Legal Guardian

Date:

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## Media Waiver

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I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, give permission to the Broken Arrow Police Department to use or release any media (photos, video footage, etc.) involving my child while participating in the Broken Arrow Police Department Junior Police Academy/ Advanced Junior Police Academy. I understand that this media may be released to local newspapers, television stations, and/ or included on Broken Arrow Police Department official websites and other promotional material for the Broken Arrow Police Department.

Signature of Parent or Legal Guardian:

Signature of Cadet:

Date:

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## Fitness Waiver

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,  
(refers to you or I) understand that physical exercise can be strenuous and subject to risk of serious injury, you are urged to obtain a physical examination from a doctor before participating in any exercise activity. By agreeing to engage in any physical exercise or activity, do so **entirely at my own risk**.

\_\_\_\_\_  
Any recommendation for changes in diet including the use of food supplements and weight reduction products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and **assume all risks** of injury, illness or death.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: (a) your participation in any activity or training session and (b) instruction, training, supervision, or dietary recommendations by your Police Department.

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a **release of liability**. You expressly agree to release and the City of Broken Arrow from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the Broken Arrow Police Department for personal injury or property damage.

To the extent that statute or case law does not prohibit release for negligence, this release is also for negligence on the part of the Broken Arrow Police Department.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signature of Parent or Legal Guardian:

Signature of Cadet: