



Norwood Police Department Youth Academy

(Inquiries should be directed to youthacademy@norwoodma.gov)

Session 1 July 22 - July 26

Session 2 July 29 - August 2

Please check desired week

Fees: The fee is \$150.00 check or money order (**no cash accepted**) made payable to the *Town of Norwood*. Please note in the memo area Youth Academy. The Norwood Police Department will not refund for days missed from your weekly fee.

Note: Please provide us with a photo of your child when handing in application. Your child is expected to participate in all activities during the week of the Academy.

Participant Information

Name _____ Phone _____

Home Address _____

Date of Birth _____ Gender _____ T-shirt size (adult) S M L XL

Allergies _____

Is an epi-pen needed? Will child have epi-pen?

Medication:

Medication Instructions:

Should there be a need for your child to receive medical attention please note the Health Insurance

Company: _____ Account# _____

Notes: _____

Please note any conditions or concerns that our staff should know.

PARENT/GUARDIAN INFORMATION

Name(s) of Parent/Guardian _____

Relationship to Child _____

Home Phone _____ Cell Phone _____

Business Name & Work Number

Email address: _____

Instructions to reach parent in the event of an emergency (include name, address, phone#):

Primary Contact: _____

Secondary Contact: _____

If your child needs to be picked up by someone other than a parent and is **not allowed** to leave on their own, please list the individuals who are authorized to pick them up otherwise the child will only be released to a parent/guardian. If they are allowed to leave on their own, please check box below.

Check this box if your child is authorized to leave on their own at the end of the day.

X _____ X _____
Parent Signature Date

***** BELOW TO BE COMPLETED BY THE POLICE DEPARTMENT*****

- Confirmed Norwood Resident or entering the 8th grade in a Norwood School
- Confirmed that child will participate in all activities during the week of the Academy.
- Application received and complete w/ photo of student
- Payment made

Date: _____

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CK#: _____

PD ID: _____

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