

# Stockton Police Youth Activities



## **JUNIOR POLICE CADET APPLICATION PACKET**

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***Return to:***

**Personnel and Training  
Jr. Cadet Program  
Stockton Police Department  
22 E Market St.  
Stockton, CA 95202.**

Phone (209) 937-8377 Fax (209) 937-8049



# STOCKTON POLICE YOUTH ACTIVITIES APPLICATION for JUNIOR POLICE CADET

(Please Print or Type)

APPLICANT'S NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City Zip Code

DATE OF BIRTH: \_\_\_\_\_  
Month Day Year Age **MALE FEMALE**  
Circle One

PHONE: \_\_\_\_\_  
Home

SCHOOL: \_\_\_\_\_  
Name Grade

EMERGENCY CONTACT PERSON: \_\_\_\_\_  
Name Address Phone  
Relationship

HAVE YOU EVER BEEN CONTACTED BY A LAW ENFORCEMENT AGENCY BEFORE? (If yes, explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Stockton Police Youth Activities, I hereby authorize the Stockton Police Department to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that all available police and criminal records will be checked and the information will be used in determining eligibility for the Stockton Police Youth Activities. All information is to remain confidential as required by state and federal statutes.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18 years old) Date

**PROGRAM:** Junior Police Cadet Academy  
(Junior Cadets, Boxing, Tae Kwon Do, Track, Junior Police Academy, Basketball or Other (Specify))

**POSITION:** Junior Police Cadet  
(Junior Cadet, Athlete, Coach, Volunteer, Board Member, Instructor or Other (Specify))





STOCKTON POLICE YOUTH ACTIVITIES  
ATHLETE  
LIABILITY RELEASE FORM

( PLEASE COMPLETE ALL MEDICAL INFORMATION ON REVERSE )

**MEDICAL HISTORY/RELEASE FORM (TRAVELING)**

Please Print

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

California Driver's License or ID Card: \_\_\_\_\_

Social Security: \_\_\_\_\_

List below any unusual physical condition the Stockton Police Youth Activities should know about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that first aid will be available for my child; that my child will be closely supervised and that hospital care will be given at the expense of the parent/guardian. I further understand that in case of serious injury or illness, I will be notified. If it is impossible to reach me in a timely manner, I hereby give my permission for emergency treatment or surgery recommended by the attending physician.

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Message)

Medical Insurance: \_\_\_\_\_ (Company)

\_\_\_\_\_ (Policy)

**ALL FOUR PAGES MUST BE COMPLETED**

