

PIKES PEAK REGIONAL TEEN ACADEMY APPLICATION



Application Packet Includes: (4 pages total)

Demographic and Background Information (1 page)

Liability Waiver and Indemnification Agreement (1 page)

General Rules & Consent for Participation in Physical Activities (1 page)

Seat Belt Convincer Liability Waiver (1 page)

Applicants must be 13-18 years old

Please return the 4 page Completed Application Packet to:

Colorado Springs Police Department
ATTN: SRO Unit
4110 Tutt Blvd
Colorado Springs, CO 80922

PIKES PEAK REGIONAL TEEN ACADEMY APPLICATION

Name: _____

Date of Birth: _____ Age: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Which School do you Attend: _____ Grade: _____

Name of a School Administrator: _____

Telephone Number for School Administrator: _____

School Administrator Email Address: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Home Phone Number: _____

Parent/Guardian Cell Phone Number: _____

Parent/Guardian Email Address: _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Home Phone Number: _____

Emergency Contact Cell Phone Number: _____

The 2024 PPRTA will hold two separate one week academies during June 2024. While every effort will be made to accommodate your first choice, this cannot be guaranteed. Please select which PPRTA date you would prefer. Place a “**1**” for your first choice and a “**2**” for your second choice. If you are unable to attend a specific week, place an “**X**” on that week.

___ June 10 - June 13, 2024 (Vista Ridge HS) ___ June 17 - June 20, 2024 (Cheyenne Mountain HS)

Applicants will be separated into small groups for certain activities throughout the PPRTA. You may list **ONE** individual who is also attending the same session and staff will work to ensure you two are placed together. BOTH you and the other individual must list each other on your respective applications.

Requested Partner: _____

BACKGROUND INFORMATION

Have you ever been arrested or convicted/adjudicated of a crime? ___ YES ___ NO

If Yes, please list offense(s), date, and disposition. _____

Are you or have you ever been required to register as a sexual offender? ___ YES ___ NO

I certify that all information given on this form is correct. I authorize the El Paso County Sheriff's Office and the Colorado Springs Police Department to utilize this information to conduct a background investigation in order to determine my suitability for entrance to the PPRTA.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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I, _____ (Parent or Guardian), DO HEREBY AUTHORIZE, government entities, military entities, law enforcement agencies, City, County, and Federal entities, private persons, and employers, to furnish and release any and all available information relating to the below named minor, for the purpose of determining his/her suitability to be appointed as a member of the Pikes Peak Regional Teen Academy (PPRTA).

I do hereby release from liability, all persons or entities disclosing information pursuant to this release. In consideration of the benefits to my (son/daughter/ward) for his/her participation in the PPRTA, do hereby authorize, I give my permission for the below listed minor applicant to attend the PPRTA. It is hereby agreed that I am a party to this participation liability waiver and indemnification agreement and that said agreement is binding upon me, said child, and any and all our legal heirs and successors of whatever kind. I do hereby for myself, my child, my heirs, executors, and administrators remise, release, and forever discharge the El Paso County Sheriff's Office, the Colorado Springs Police Department, El Paso County, the City of Colorado Springs, and any of their deputies, police officers, agents, employees, or volunteers from any and all claims, liabilities, or demands arising out of the participation of the below listed child in the PPRTA, including transportation to and from the PPRTA.

I further agree to fully indemnify, defend, and hold harmless the El Paso County Sheriff's Office, the Colorado Springs Police Department, El Paso County, the City of Colorado Springs, and any and all of their deputies, police officers, agents, employees, or volunteers from and against any and all loss, damage, injuries, claims, cause or causes of action, or any liability resulting from, arising out of, or in connection with my child's negligence at any time during the PPRTA.

In case of sudden illness or other serious medical emergency, if I (the undersigned parent or guardian) cannot be reached, I authorize a member of the El Paso County Sheriff's office or the Colorado Springs Police Department to take appropriate action in seeking medical attention.

I hereby grant the El Paso County Sheriff's Office and the Colorado Springs Police Department permission to record my/my child's likeness and/or voice for the use by television, film, radio, or printed media to further the aims of the El Paso County Sheriff's Office and the Colorado Springs Police Department in related publications, campaigns, and in other ways they see fit.

Minor/Teen Academy Applicant (Last, First, Middle): _____

Parent/Guardian of Applicant (Last, First, Middle): _____

Parent Signature: _____ Date: _____

Parent/Guardian Email Address: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

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GENERAL RULES

The purpose of these rules is to establish a code of conduct and general requirements to ensure an informative and enjoyable experience for all participants. Due to the program's length, an absence from any class is not allowed for graduation. Punctuality is important. Please arrive early for class, and be seated and ready to learn and participate at class time. Please remember that the Academy is intended for the benefit of all who attend. Participants should arrive prepared to contribute to the discussion and other activities. Students shall conduct themselves in a professional manner at all times and be sensitive to the needs and concerns of others.

Students are not allowed to leave the PPRTA during breaks or lunch. Attendees are responsible for bringing their own snacks, drinks, and lunch.

Each participant shall be appropriately dressed and wear comfortable shoes. Shorts must reach mid-thigh. No hats are allowed in the classroom. Cell phones are not allowed to be out or used during instruction or demonstrations. Students are expected to have phones either OFF or SILENCED during the day.

In the event a participant's conduct is disruptive to the class, the individual may be terminated from the program. Respect for others is mandatory.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR PARTICIPATION IN PHYSICAL ACTIVITIES

Some items on the schedule may include physical activities. All participants must have permission to participate in these activities. Please select only one of the following:

___ FULL PARTICIPATION. I understand that physical activities will be part of the PPRTA.

My son/daughter, _____, has permission and does not have any medical condition or needs that exempt him/her from participating fully in such activities.

___ NO PARTICIPATION. I understand that physical activities will be part of the PPRTA.

My son/daughter, _____, does not have permission to participate in such activities. Please have my child sit out and observe during any and all physical activities.

By signing below, I agree to the terms written above.

Parent/Guardian Signature: _____ Date: _____

Please list any medications, illnesses, injuries, or medical concerns that you feel the PPRTA staff should be aware of: _____

*Please note that PPRTA staff are not able or responsible for the administration of medications or medical services. Applicants for the PPRTA must be able to self administer medications and provide basic self care.

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CITY OF COLORADO SPRINGS

SEAT BELT CONVINCER LIABILITY AND HOLD HARMLESS RELEASE – JUVENILE

I, _____, herein the Releasor, am the Parent/Legal Guardian of _____ (juvenile), to the City of Colorado Springs, and the employees, officers, and volunteers of Colorado Springs Police Department, located in Colorado Springs, and to the original Seat Belt Convincer manufacturer, its employees and officers, herein collectively referred as “Releasees.”

I, Releasor, being of lawful age, on behalf of the above referenced juvenile, in consideration of his/her participation in riding and testing the Seat Belt Convincer, do for him/her, myself, our heirs, personal representatives and assigns, hereby release and forever discharge the Releasees, the employees and/ or officers of the Releasees of and from any and every claim, demand, action or right of action of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries, foreseen or unforeseen, death or property damage which may occur as a result of his/her participation in riding or testing the Seat Belt Convincer or any activities in connection with the Seat Belt Convincer, whether by negligence or not, and further to hold harmless the Releasees from any claim by themselves or their heirs, personal representatives, or assigns arising out of such participation. I further release all officials and professional personnel of Releasees from any claim whatsoever on account of first aid, treatment or service tendered during said Releasor minor child’s participation in riding or testing the Seat Belt Convincer. I further state that I have been advised of and hereby assume all inherent dangers in riding and testing the Seat Belt Convincer and of the basic safety rules connected therewith. I understand that the Seat Belt Convincer is designed to be a teaching tool to simulate the impact of a motor vehicle collision when said motor vehicle is traveling at a rate of approximately eight to ten miles per hour. I also represent that my minor child has no medical condition or physical disability which would subject him or her to an unreasonable risk of harm or injury by use of the Seat Belt Convincer. In consideration of being allowed to ride and test the Seat Belt Convincer, I hereby on behalf of my minor child assume all risks in connection with their use of the Seat Belt Convincer. This Release contains the entire agreement between the parties hereto, and the terms of this Release are contractual and not a mere recital. This Liability and Hold Harmless Release is subject to and shall be interpreted under the laws of the State of Colorado. Court venue and jurisdiction shall exclusively be in the Colorado District Court for El Paso County, Colorado.

I further state that I have carefully read the foregoing Release and understand the terms set forth herein and sign this Release of my own free act on behalf of my minor child.

Releasor _____

Date _____

CSPD Representative _____