

San Joaquin County Sheriff's Department
LATHROP POLICE SERVICES

JUNIOR POLICE / FIRE ACADEMY

DATE: 1st session – June 17th – 28th 2019

2nd session – July 15th – 26th 2019

Please circle which
session you will be
attending.

CLASS TIME: 08:00 a.m. – 12:00 p.m.

2 week sessions Monday - Friday

LOCATION: Lathrop High School

647 Spartan Way – Lathrop

SOME DAYS WILL BE AT J STREET
FIREHOUSE. SCHEDULE WILL
COME HOME THE FIRST DAY OF
ACADEMY FOR YOU TO PLAN
DROP OFF & PICK UP.

OPEN TO LATHROP STUDENTS HAVING COMPLETED THE FIFTH,
SIXTH, SEVENTH OR EIGHT GRADES FOR THE 2018-2019 SCHOOL
YEAR

COST PER STUDENT: **\$20.00**

Students will receive a “Junior Police Academy”
T-Shirt, Folder and a Certificate of Completion.

QUALIFICATIONS: “C” average, no criminal contact with the Lathrop
Police Services. (Most recent Report card must
accompany the application.)

STUDENTS WILL PARTICIPATE IN THE FOLLOWING

CLASSROOM ACTIVITIES:

- Fingerprinting
- First Aid/CPR Basic info
- Physical Training Course
- Basic Intro to Criminal/Traffic Law
- Mock Traffic Stops

FIELD TRIPS:

- Gang and Drug Awareness
- Animal Control Services
- Boating Safety
- Fire Department
- Sheriff's Office Operation and Jail

A student Demonstration, Graduation and Congratulations party will be held
Session 1-Friday June 28th 2019, @ 6:00 PM. Parents are encouraged
Session 2-Friday July 26th 2019, @ 6:00 PM. to attend

Class size is limited to 25 students. Call Lathrop Police at 858-5551 if you have
any questions.

LATHROP POLICE SERVICES
15597 Seventh St.
Lathrop, CA 95330
(209) 858-5551

LIABILITY RELEASE FORM – PLEASE READ CAREFULLY
(PLEASE PRINT OR TYPE)

I, the undersigned, _____, residing at _____,
County of San Joaquin, State of CA, being the parent or legal guardian of _____,
do hereby give my consent and permission for him/her to attend the Lathrop Police Junior Police Academy and
in consideration of allowing him/her to participate in Junior Police Academy, do not hold the City of Lathrop /
LMFD, the County of San Joaquin, The San Joaquin County Sheriff's Department and its employees, Lathrop
Police Service's employees, agents, successors, assigns, The Lathrop/Manteca Fire District, its board of directors
or employees, the California Highway Patrol and its employees, and all others who may be liable from all claims,
present and future, known or unknown, in any manner arising out of his/her participation in the Lathrop Junior
Police / Fire Academy.

I also acknowledge that my child, _____, has no limiting medical
conditions and is fully capable of participating in the program except as I provide in writing.

I appoint the Lathrop Police Services to act in my place while my child participates in the Junior Police Academy
program. This appointment is for the purpose of securing benefits and expressly includes the authority to sign
releases to physicians who may render emergency medical care and services. I shall be responsible for payment
of all such professional services, and to reimburse the City of Lathrop for any expense that may be incurred for
treatment, care, drugs, and other services for my child, _____.

I agree that if my child's behavior is such that it endangers the welfare of the entire group, the Lathrop Police
Services has my permission to send him/her home and/or terminate his or her participation in the program. If
my child is terminated from the program due to behavior issues, I will receive no refund.

I also acknowledge that my child, _____ will be participating in a Firearm
Training System. Which I understand will not be firing live ammunition. It will consist of a simulated exercise
using a replica firearm firing air blanks into a projector screen.

**I also understand that there are a limited number of places for students in the program and submitting a
completed application and deposit of funds is only the first step in the application process. By accepting the
deposit, the Junior Police Academy is not guaranteeing participation for my child, and my child will not be
guaranteed a spot until I am notified in writing. I understand that, if my child is not accepted into the program,
I will receive a full refund of the deposit.**

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

A P P L I C A T I O N

LATHROP POLICE SERVICES Junior Police Academy

Student Name: _____ Age: _____

Address: _____

City _____ ST _____ Zip _____

School _____

Home Phone # _____ Parent Work Phone# _____

Pager, Cell or other means of emergency contact Phone # _____

Grade Enrolled in for 2018-2019 School Year 5th 6th 7th 8th (Circle One)


Adult Shirt Size - S M L XL XXL (Circle One)


**Student MUST complete this portion: On a separate sheet of paper, give a short essay
five paragraphs - description of your views on the following topic;**


“Why I want to be considered for a seat in the Lathrop Junior Police and Fire Academy.”

Student Signature: _____ Date: _____

****NOTE: Be sure to attach a copy of your most recent report card.**

 Applications **must** be submitted to **Lathrop Police Services**
by **June 7th, 2019 (first session) or July 5th, 2019 (second session)**

 Checks (for \$20) should be made out to “**City of Lathrop**”

 **Additional applications** are available at the school offices, Lathrop Police Services and the Recreation Department office at the Community Center.

 Any **Questions** should be directed to Lathrop Police, 858-5551