



Redwood City Police Department

Youth Academy Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Email: _____

Cell Phone: _____ Date of Birth: _____

Parent / Guardian

Full Name: _____
Last First M.I.

Relationship: _____ Phone: _____

By signing this form I agree my child has permission
To attend the Youth Academy

By signing this form I agree that I meet the
requirements of the Youth Academy.

PARENT/GUARDIAN SIGNATURE

APPLICANT SIGNATURE

Why do you want to attend the Youth Academy?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

The Redwood City Police Department has my permission to use my or my child's photograph publically. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian
Signature: _____ Date: _____