SOUTH SIMCOE POLICE SERVICE
CITIZEN POLICE ACADEMY
Moving Forward Together

REGISTRATION FORM (MUST BE 18 YEARS OF AGE OR OLDER)

Please PRINT or TYPE. Registration forms must be filled out completely and legibly or application will not be processed. Preference given to applicants who reside or own a business in the Town of Bradford West Gwillimbury and Town of Innisfil.

PERSONAL INFORMATION:

Surname:	Maiden name:	
First name:	Middle name(s):	
Gender: Male Female	Date of birth: (dd/mm/yy)	
Address:		
City:	Province:	Postal Code:
Tel. Number(s): Home: (check preferred)	Cell:	Business:
E-mail: (mandatory)	Occupation:	
Why do you wish to participate in the Citizen Police Academy?		
Previous Citizen Police Academy participant? Yes No		
How did you hear about the Citizen Police Academy?		

PLEASE READ CAREFULLY BEFORE SIGNING:

- Due to the nature of the course curriculum, police will be conducting security checks on all applicants. I authorize the South Simcoe Police Service to collect personal information concerning myself. I acknowledge this information is to be used solely for purposes of this application and will be treated as private and confidential.
- I acknowledge that the South Simcoe Police Service reserves the right to select applicants at its sole discretion.
- I hereby give South Simcoe Police Service and any person or agency designated by South Simcoe Police Service the irrevocable right to use any photographs for reproduction in any medium including but not limited to print and electronic (e.g.: internet) for purposes of advertising, display, exhibition or editorial use.
- I understand that electronic recording is prohibited and I will not engage in any type of recording during my participation and enrollment in the Citizen Police Academy.
- I **HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE** the South Simcoe Police Service, and all their respective agents, officials, Board Members, officers, and employees from any and all claims, demands, damages, costs, expenses, actions, and causes of action, whether in law or equity, in respect of death, injury, loss or damage to any person or property, arising or likely to arise directly or indirectly from the acts or omissions of the Police in relation to my participation in the Citizen Police Academy, and in particular any participation in the use of force or firearms demonstrations.
- I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement can disqualify me from participation in the Citizen Police Academy. If I am selected, I will not disclose any confidential information that I may be privy.

Dated this _____ day of _____. Signature: _____

Please mail or fax to: **South Simcoe Police Service**
Citizen Police Academy
2137 Innisfil Beach Road, Innisfil, ON L9S 1A2

Fax: 705-436-2414 Attention: Training Unit