



# City of Latrobe Police Department

## Youth Appreciation Day

Thursday, August 3<sup>rd</sup>, 2023

### Application

First 40 applications will be accepted on a first come first serve basis. Applications due by Friday, July 14<sup>th</sup>, 2023.

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_

PRIMARY EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

SECONDARY EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

Does the child have any known food or latex allergies? ☐ YES ☐ NO

If yes please list: \_\_\_\_\_

Is the child being treated for any existing injuries? ☐ YES ☐ NO

If yes please list: \_\_\_\_\_

Does the child take any medications? ☐ YES ☐ NO

If yes please list: \_\_\_\_\_

## **Terms of Agreement**

### **Photo Release**

I hereby give permission for my child to be photographed during the Latrobe Police Department's Youth Appreciation Day event. I understand the photos may be posted on the Latrobe Police Department's social media pages. used to keep a journal of activities, to share during power point presentations I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed.

Parent's/Guardian's Initials \_\_\_\_\_

### **Liability**

The City of Latrobe is not responsible for lost/damaged personal property or injury. All scheduled events are subject to change. In case of an emergency, and if an emergency contact cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder).

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date