Safeguard Palm Beach
Youth Academy
Application

Tuesday, June 10 and Wednesday June 11, 2025

9:00am – 4:00pm

Application Closing Date: May 16, 2025

Accepting until the above date or until full, with acceptances on a case-by-case basis. We will let you know when your application has been accepted.

Upon completion, please return the application packet to:

Safeguard Palm Beach
139 N. County Road, Suite 26
Palm Beach, FL 33480
(561) 508-3547
Or email to:
samantha@pbpf.us

PARTICIPATION QUALIFICATIONS:

1) **Children from 8 – 12 years of age**

2) **Applicants must live in or attend school in the Town of Palm Beach**

3) **Program fee - $50.00 for the first child and $25.00 for each additional sibling, which includes uniform shirts and daily lunch**

PLEASE COMPLETE THE ENTIRE APPLICATION. NOTARY SERVICE IS AVAILABLE AT THE SAFEGUARD PALM BEACH OFFICE. PLEASE CALL (561) 508-3547 TO ARRANGE AN APPOINTMENT.

PLEASE PRINT CLEARLY

Name: _____
Last First Middle

Address: _____

Date of Birth: _____ Age: _____
(Please see age requirements listed above)

School: _____ Last Grade Completed: _____

Home Phone: _____Parent(s) Business/Cell Phone: _____

Email address: _____

Cell Phone: _____

Social Networking Sites: _____

Name of Parent/Guardian: _____

Address/Phone (If different from above): _____

Parents' email address: _____

Emergency Contact Name/Phone: _____

Clubs/Organizations of which you are a member: _____

_____

Why do you wish to attend the Palm Beach Police and Fire Youth Academy? _____

_____

_____

UNIFORM: Recruits will be given (1) Palm Beach Police and Fire Youth Academy T-Shirt which they will wear – please indicate the size requested.

Circle Size fit: Youth or Adult | Size: Small _____ Medium___ Large _____ X-Large _____

Recruits will provide their own black or khaki long pants, or shorts that reach the top of their knee. Athletic pants are allowed but must be loose-fitting and appropriate. Recruits must wear close shoes or sneakers. No flip-flops or sandals are permitted. Please do not bring money or any valuables. Cell phones must be turned off, and calling or texting during the Youth Academy sessions is prohibited.

Lunch, drinks, and snacks are provided. Please indicate any dietary restrictions here:

_____

SWIMMING ABILITIES: Please select your child's level of swimming skills.

My child's ability to swim in a pool is: ☐ Beginner ☐ Intermediate ☐ Advanced

My child's ability to swim in the ocean is: ☐ Beginner ☐ Intermediate ☐ Advanced

☐ In consideration of my son/daughter's application to attend the Palm Beach Police and Fire Youth Academy, I give the Palm Beach Police Department permission to check his/her personal background and to conduct other background checks as necessary to ensure the integrity of this program. The above information is correct to the best of my knowledge.

☐ I agree to sign the attached "Medical Release and Covenant Not to Sue for Injuries" Waiver attached.

☐ I give my son/daughter permission to take part in all elements of this program which **may** include the following: an in-depth tour of the Police Department, practicing with the police Drone Unit, ride-alongs in the police boat and fire-rescue vehicles, trying on firefighter gear, practicing ocean rescue techniques, using the fire hose, and other topics/sessions to be determined.

☐ This is a two-day program, and my son/daughter agrees to attend both sessions.

Applicant: _____ _____
Print Name Signature

Date: _____

Parent/Guardian: _____ _____
Print Name Signature

Date: _____

PALM BEACH POLICE AND FIRE-RESCUE DEPARTMENT
PALM BEACH POLICE AND FIRE YOUTH ACADEMY
PHOTO RELEASE

I give consent to use any photograph taken or digital image captured of my son/daughter during his/her participation in the Palm Beach Police and Fire Youth Academy program - for future Palm Beach Police and Fire-Rescue Department brochures, website, and other promotional purposes - and for future Palm Beach Police & Fire Foundation, Palm Beach Police Department, Palm Beach Fire Rescue, newsletters, manuals, and other promotional purposes.

Name of Youth Applicant

Name of Parent (Guardian)

_____ _____
Signature Date

_____ _____
Witness Date

Palm Beach Police and Fire-Rescue Department
Medical Release

In the event of any emergency, I authorize the Town of Palm Beach officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the immediate care of my son/daughter and agree that I will be responsible for payment for all medical services rendered.

Name of Participant: _____

Name of Parent (Guardian) _____

_____ _____
Signature
Date

_____ _____
Witness
Date

COVENANT NOT TO SUE FOR INJURIES

Know all men by these present, that I,

_____
(Full Name)

of_____
(Address)

on behalf of my son/daughter _____
(Full Name)

for myself, my heirs, executors, administrators, successors and assigns, for and in consideration of participation in the Palm Beach Police and Fire-Rescue Departments' Interactive tours including riding in a Town of Palm Beach Police boat and Fire-Rescue vehicles, and any other participation as required as part of the program, by this instrument agree to forever refrain from instituting, procuring, or in any way aiding any suit, cause of action or claim against the driver of said vehicle, the Town of Palm Beach, the Palm Beach Police Department, or the Palm Beach Fire-Rescue Department for damages, injuries, cost or expenses growing out of any accident while a passenger in said vehicle or involvement in any incident to save harmless and indemnify the parties aforesaid from all loss/or expense resulting from any such suit, cause of action or claim. The driver of said vehicle, the Town of Palm Beach, the Palm Beach Police Department, and the Palm Beach Fire-Rescue Department for damages, injuries, involvements in any incidents, cost or expenses growing out of any accident while a passenger in said vehicle and to save harmless and indemnify the parties aforesaid from all loss and/or expense resulting from any such suit, cause of action or claim.

Signature of Parent or Guardian _____
Phone Number _____

STATE OF FLORIDA COUNTY OF PALM BEACH
The foregoing instrument was acknowledged before me this _____ day.
of _____20____by_____, who is personally known to me or who has produced_____ as identification and who did/did not take an oath.

_____
Notary Public My Commission Expires: