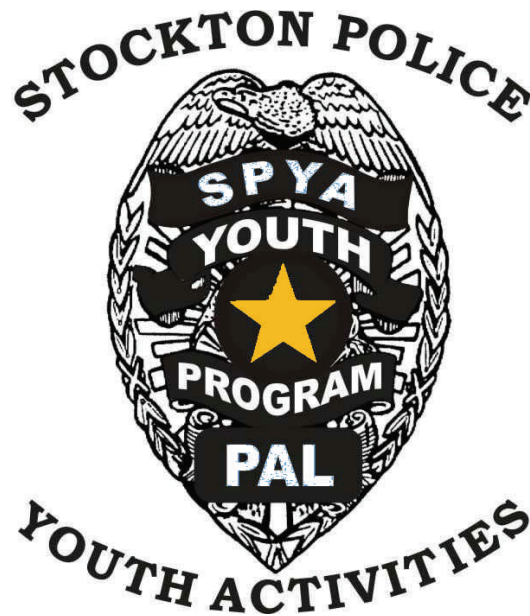


Stockton Police Youth Activities



YOUTH BOXING APPLICATION PACKET

RETURN TO:

**OFFICER DONAVAN C. MCCOY
Stockton Police Department
22 E. Market Street
Stockton, CA 95202-2876**

Ph: (209) 937-7232 / FAX: (209) 937-8049



STOCKTON POLICE YOUTH ACTIVITIES YOUTH BOXING APPLICATION

(Please Print or Type)

APPLICANT'S NAME: _____
Last First Middle

ADDRESS: _____
Street City Zip Code

DATE OF BIRTH: _____
Month Day Year Age

PHONE: _____
Home

SCHOOL: _____
Name Grade

EMERGENCY CONTACT PERSON: _____
Name Address Phone

Relationship

HAVE YOU EVER BEEN CONTACTED BY A LAW ENFORCEMENT AGENCY BEFORE? (If yes, explain)

PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Stockton Police Youth Activities, I hereby authorize the Stockton Police Department to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that all available police and criminal records will be checked and the information will be used in determining eligibility for the Stockton Police Youth Activities. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant Date

Signature of Parent or Guardian (if under 18 years old) Date

PROGRAM: YOUTH BOXING PROGRAM
(Junior Cadets, Boxing, Tae Kwon Do, Track, Junior Police Academy, Basketball or Other (Specify))

POSITION: BOXING ATHELETE
(Junior Cadet, Athlete, Coach, Volunteer, Board Member, Instructor or Other (Specify))



STOCKTON POLICE YOUTH ACTIVITIES
ATHLETE
LIABILITY RELEASE FORM

(PLEASE COMPLETE ALL MEDICAL INFORMATION ON REVERSE)

MEDICAL HISTORY/RELEASE FORM (TRAVELING)

Please Print

Name of Participant: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

California Driver's License or ID Card: _____

Social Security: _____

List below any unusual physical condition the Stockton Police Youth Activities should know about:

I understand that first aid will be available for my child; that my child will be closely supervised and that hospital care will be given at the expense of the parent/guardian. I further understand that in case of serious injury or illness, I will be notified. If it is impossible to reach me in a timely manner, I hereby give my permission for emergency treatment or surgery recommended by the attending physician.

Signature of Parent/Guardian: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ (Home)

_____ (Message)

Medical Insurance: _____ (Company)

_____ (Policy)

ALL FOUR PAGES MUST BE COMPLETED

