

Have you ever been arrested?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please explain where, when, by whom, and for what?)

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I give my child consent to attend the Oswego Junior Public Safety Academy. I have answered the requests for information to the best of my ability. All information submitted on this application is true and correct.

\_\_\_\_\_  
Child's Printed Name

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Signature of Parent Guardian

\_\_\_\_\_  
Date



Oswego Junior  
Public Safety Academy  
2024



July 15<sup>th</sup>-19<sup>th</sup>, 2024

8am to 12pm

Held at the  
Public Safety Campus  
3355 Woolley Rd. Oswego

# Oswego Junior Public Safety Academy

## Application for the Oswego Junior Public Safety Academy

Applications must be submitted to the Oswego Police Department, **3355 Woolley Rd, Oswego.**

**Applications are due by July 1st, 2024**

Date: \_\_\_\_\_

Session: \_\_\_\_\_

Come join the Oswego Police & Fire Department's for our annual Oswego Junior Public Safety Academy. The academy is open to any student enrolled in District 308 Junior High School for the 2024 – 2025 school year. There is no charge to attend. Oswego Junior Public Safety Academy Recruits/Cadets will be exposed to several different aspects of the Police and Fire profession, with a focus on the “why” rather than the “how”. Some of the topics covered will include:

- Traffic Stops
- Car accident & crime scene investigation
- Patrolling the streets
- Water flow and fire extinguishment
- K-9 demonstration
- Building searches

All topics of discussion will incorporate positive decision-making skills, with a focus on developing positive moral character. An emphasis is placed on each child's role in maintaining the quality of our community. All graduates will receive a Junior Public Safety Academy T-Shirt and Diploma.

*Questions should be directed to Officer Lorenzo of the Oswego Police Department at 630-551-7300. Each session will be limited to no more than 20 cadets.*

|              |                            |       |     |            |                          |
|--------------|----------------------------|-------|-----|------------|--------------------------|
| <b>Child</b> | Name (Last, First, Middle) |       |     | D.O.B.     | T-Shirt (Adult S/M/L/XL) |
|              | Street Address             |       |     | Home Phone |                          |
|              | City                       | State | Zip | Cell Phone |                          |
|              | School                     |       |     | Grade      |                          |

|                 |                            |       |     |              |  |
|-----------------|----------------------------|-------|-----|--------------|--|
| <b>Guardian</b> | Name (Last, First, Middle) |       |     | Relationship |  |
|                 | Street Address             |       |     | Home Phone   |  |
|                 | City                       | State | Zip | Cell Phone   |  |
|                 | Other Contact Number       |       |     |              |  |

|                  |                            |       |     |              |  |
|------------------|----------------------------|-------|-----|--------------|--|
| <b>Emergency</b> | Name (Last, First, Middle) |       |     | Relationship |  |
|                  | Street Address             |       |     | Home Phone   |  |
|                  | City                       | State | Zip | Cell Phone   |  |
|                  | Other Contact Number       |       |     |              |  |

# Oswego Junior Public Safety Academy 2024



## Emergency Contact Information

I authorize the Oswego Police Department, and the Oswego Fire Protection District to communicate with the listed emergency contact in the event of a situation involving my child. I understand that my child may be released to the emergency contact if I am not immediately available to take custody of my child.

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



Return Application and Waivers to:  
3355 Woolley Rd, Oswego, IL 60543



# Oswego Junior Public Safety Academy 2024



## Medical Information

Please indicate any physical accommodations your child may require participating in this program. Please include any allergies that your child may have.

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\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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# Oswego Junior Public Safety Academy 2024



## Medical Release

In the event of any emergency, I authorize the Village of Oswego Police Department and the Oswego Fire Protection District Employees to secure from any licensed hospital; physician and/or medical personnel any treatment deemed necessary for my child's immediate care and agree that I will be responsible for payment for all medical services rendered.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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# Oswego Junior Public Safety Academy 2024



## Waiver Covenant Not to Sue for Injuries

I, \_\_\_\_\_ give my child,  
\_\_\_\_\_ permission to attend the Oswego Junior Public Safety Academy. I understand that my child has been granted the privilege to attend the Oswego Junior Public Safety Academy by the Oswego Police Department & Oswego Fire Protection District. In consideration of this privilege, I hereby release and waive all responsibility to the Village of Oswego, the Oswego Police Department, the Oswego Fire Protection District, and the employees of said departments, for any injuries, physical or mental, that my child might receive as a result of attending the Academy. I understand my child will not be required to participate in any activities that he or she does not feel comfortable with.

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Approved by Officer Tim Laurenzo

\_\_\_\_\_  
Approved by Lt. Kris Kearns



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# Oswego Junior Public Safety Academy 2024



## Photo Release

I give consent to use any photographs taken or digital images captured of my child during his/her participation in the Oswego Junior Public Safety Academy, for future OJPSA brochures, website, and other promotional purposes. Pictures may also be in the Beacon News Paper and the Leger-Sentinel.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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# Oswego Junior Public Safety Academy 2024



## Pledge of Confidentiality

Child's Name: \_\_\_\_\_

As a participant in the Oswego Junior Public Safety Academy, I agree and pledge to always maintain the highest levels of confidentiality. I recognize that I might come in contact with or be exposed to classified and restricted information and material in the course of my training. I understand that should I violate the confidentiality of the Oswego Police Department or the Oswego Fire Protection District in any way, my participation in this program will be terminated immediately.

Signature of Child: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



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