

Lake Ozark Police Kids Academy Registration

_____ Child's Name		_____ Date of Birth	_____ Shirt Size - XL L M S Notate Youth or Adult	M F Sex
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name		
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		
Email: _____				

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact		
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

Medical Information

Allergies/Special Health Considerations

I give permission for my child to attend Lake Ozark Police Kids Academy. I release Lake Ozark Police Department and individuals from liability in case of accident during activities related to Kids Academy, as long as normal safety procedures have been taken.

_____ Parent's/Guardian's Signature	_____ Date
_____ Witness Signature	_____ Date

Please include payment of \$25.00 with your registration form.

Make Checks payable to:

Lake Ozark Police Benevolent Association
3162 Bagnell Dam Boulevard
PO Box 370
Lake Ozark, MO 65049