

**TOMBALL POLICE DEPARTMENT  
YOUTH POLICE ACADEMY  
REGISTRATION FORM**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone/Address: \_\_\_\_\_

(if different \_\_\_\_\_

from above) \_\_\_\_\_

Emergency contact if parent's cannot be reached (Name, Address, Phone) \_\_\_\_\_

Are there any medical, behavioral, or dietary restrictions, which we should be aware of? (Please specify including known allergies.)

Physician's name, address, and number: \_\_\_\_\_

Child's Health Insurance Carrier: \_\_\_\_\_

Drivers License: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please provide a brief narrative of why you are wanting to attend our Youth Police Academy.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

PLEASE RETURN TO TOMBALL POLICE DEPARTMENT: 400 FANNIN STREET,  
TOMBALL, TX 77375. ATTN: SERGEANT REBECCA CARLISLE IF YOU HAVE ANY  
QUESTIONS PLEASE CALL @ (281) 290-1312..