

The Hudson Police Department Youth Police Academy

July 31 – Aug 4, 2017

Applicant Name: _____
(Last) (First)

Address: _____

Birthdate: ____/____/____ Phone: _____
(month, day, year)

Email: _____

Parent Name: _____

Emergency Contact: _____ Phone: _____

Alternate Emergency Contact: _____ Phone: _____

Relationship to Cadet: _____

List Allergies:

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- A one page essay stating why you should be considered for this program must be submitted with the application.**
 - A letter of recommendation from a school counselor or teacher is also required.**

Shirt Size (adult sizes): S M LG

Due Date June 19, 2017