



P.O. Box 275
GREAT FALLS, MT 59403
(406) 454-9091

Dear JPLA Candidates:

The Junior Police Leadership Academy will be held July 13 – 18, 2020 at the Montana Law Enforcement Academy in Helena, Montana. To be accepted into the Junior Police Leadership Academy your application packet must include:

- A completed application with a type written essay expressing why you are interested in the criminal justice profession and why you should be selected **returned no later than April 24, 2020.**
- The local Chief of Police or Sheriff's signature on your application, stating he supports your decision to attend JPLA.
- The Medical Release signed by your physician stating you do not have any physical or medical reason that would prohibit you from participating in physical activities. A sports physical can be used if it is dated for the current school year.
- The Release of Liability form signed by you and your Parent/Guardian.

Any areas that are left blank may disqualify your application, so make sure everything is complete. JPLA is open to any high school student, with preference to be given to first time attendees going into 10th, 11th, or 12th grade. Any vacancies will then be given to graduating seniors or repeat attendees. Students currently in 8th grade do not qualify.

Notification of acceptance will be **emailed** by May 15, 2020. This program is held at the Montana Law Enforcement Academy in Helena, Montana, and funded by the Montana Association of Chiefs of Police. There is no cost to participants.

If you have any questions regarding this process, please email info@macop.com. Applications can be scanned and emailed to info@macop.com.



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ADMISSION TO JUNIOR POLICE LEADERSHIP ACADEMY HELD UPON THE CAMPUS OF THE MONTANA LAW ENFORCEMENT ACADEMY WILL NOT BE CONSIDERED UNTIL A COMPLETED APPLICATION IS RECEIVED AND ACCEPTED.

DATES OF COURSE: July 13 - 18, 2020

*****PLEASE TYPE OR PRINT CLEARLY*****

APPLICANT PERSONAL INFORMATION

(Please print your name as you wish it to appear on your Diploma/Certificate)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ () Male () Female Current Grade _____

EMAIL Address: _____ (student's or parent's to receive acceptance packet)

Parent / Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

LAW ENFORCEMENT OFFICIAL SPONSORSHIP

Name - Chief / Sheriff: _____

Agency: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Chief / Sheriff Signature: _____ Date: _____

**JUNIOR POLICE LEADERSHIP ACADEMY
RELEASE OF LIABILITY**

Participants in this class are being advised that due to the physical nature of the course, if you are suffering from any neck, back, wrist, knee, heart, muscle, or similar medical condition or problem such as stress, hypertension, high blood pressure, muscle strains and so forth, you should not plan to participate in this program.

Although instructors will, at all times, maintain a high degree of care for the safety of all persons attending the course, it must be understood that neither the instructor, Montana Law Enforcement Academy or the Montana Chiefs of Police Association will assume financial or other responsibility for injuries or illness suffered from or related to any training received, nor can or will be responsible for any loss to attendees as a result of damage to their property through fire, theft, or any other causes. Each attendee must understand that this training is at the attendee's own risk. Therefore, prior to permission being granted for your attendance to this course, the attendee must sign the following release of liability statement.

I/we, _____, accept all risk that may be associated with this training and I/we agree to hold harmless the instructor(s), Montana Law Enforcement Academy and the Montana Chiefs of Police Association.

By approving this application, the Parent/Guardian agrees to cover the applicant, while in attendance at the Montana Law Enforcement Academy, through his/her insurance. The Academy and the Montana Chiefs of Police Association are not responsible for medical costs due to illness or injury.

Please provide your personal medical insurance information:

Insurance Company: _____ Policy #: _____

I acknowledge that I have read the above statement and understand it. I certify this applicant meets the necessary requirements and qualifications established for this course and that all information given by the applicant and by me is true and correct.

Signature of Parent or Legal Guardian

Date: _____

Signature of Applicant

Date: _____

SHIRT SIZES
(S – M – L – XL – 2X) Please circle

**Montana Chiefs of Police Association
Medical Waiver**

Applicant's Name:	Date of Birth:	
	Age:	Gender:

This is to certify that I am not aware of any physical or medical reason that would prohibit me from participating in activities that require physical exertion. I am comfortable that I can participate in physical fitness and training without causing injury to myself by my participation in these types of strenuous activity.

I have taken ample opportunity to discuss my participation in training that requires physical exertion with my physician and have advised him/her of any and all physical or medical conditions that I may know of that may prevent me, or cause me injury or illness, from participating in these activities.

Applicant's Signature:	Date of Signature:
Parent Signature:	Date of Signature:

This is to certify that the above named person, _____, hereinafter referred to as applicant is capable of strenuous physical exercise and is physically capable of attempting and participating in the activities that require physical exertion.

I have inquired and been advised by the applicant that there are no known physical and or medical condition that may cause undue injury and illness from the applicants participation in activities that require physical exertion.

I am placing the following limitations on the applicant's participation. *(Must check one of the following)*

- None
 – As follows, including allergies and current prescription medicines:

Physician's Printed Name:	Telephone Number:
Address:	City, State, Zip:
Signature:	