



Webb County Constable Pct. 1

YOUTH ACADEMY

Program Overview

The Webb County Constable Pct.1 Youth Academy is designed to give our youth an introduction to law enforcement and to demonstrate the basic law enforcement skills. The goal of this program is to:

- To create a positive relationship between the youth of our community and law enforcement.
- To challenge our youth to be part of a law enforcement profession and encourage citizenship values.

Participants will meet every day for two weeks and feature a variety of activities such as class instruction, police scenario role-playing, and agility performance. Students will also get the opportunity to visit and experienced county operations and other law enforcement work.

Upon completion of the program, participants will be part of a program graduation and eligible for community service hours.

Fees

No Cost

Course Dates & Location

Dates: Classes are to be held in June from 8:00 am to 12:00 pm.

Location: Martin High School

Enrollment

The Youth Academy is led by Webb County Constable Pct.1 and enrollment is coordinated by application process. Enrollment into the Youth Academy is held once in the Summer.

The Summer registration process begins in March 18 and closes April 18. Classes are schedule to begin on June. Application inquiries may be directed to Administrative Assistant Ms. Elizabeth Flores at 956-523-4321.



Webb County Constable Pct. 1

YOUTH ACADEMY

Restrictions & Requirements

The following requirements have to be met:

- Attendance is required. If it is necessary to miss a day, students are to contact Webb County Constable Pct.1 at 956-523-4316.
- Generally, no more than two absences will be excused. Excessive absences will result in dismissal from the academy.
- Must be between the ages of 14 and 18 (to apply).
- Must be in high school.
- Must be in good disciplinary standing at school.
- Must maintain passing grades in all classes (No Pass/No Play).
- Must not have no significant criminal history.
- Must turn in all required forms to participate.
- Students will comply with all rules of the Webb County Constable Pct.1 Youth Academy and will conduct themselves in a business-like manner at all times.
- Students are reminded of the professional environment in which they will attend classes/visit county buildings and should dress accordingly.

Contact

For additional information, please email Ms. Elizabeth Flores at elizflores@webbcountytx.gov or call 956-523-4321.



Webb County Constable Pct. 1

YOUTH ACADEMY

TO PARTICIPATE, YOU MUST:

- Be between the ages of 14 and 18 (to apply)
- Be in high school
- Be in good disciplinary standing at school
- Maintain at least a "C" grade average
- Obtain parent's or guardian's consent (if under 18)
- Have no significant criminal history
- Complete participant's Release Form
- Complete liability Release Waiver

The Summer registration process begins in March and classes will begin on June.

Application inquiries may be directed to Ms. Elizabeth Flores at (956) 523-4321 or 1110 Victoria Suite 102.

Full Name			Address			
Last Name	First Name	MI	City	State	Zip Code	
Phone Number (include area code):		Email Address:	GPA (Must not be lower than a "C"):			
Current Grade or Classification:			High School:			
Are you currently enrolled in another program?			Yes	No		
If Yes, please specify:						
Age _____ If under 18, please provide the following information:						
Parent/Guardian Name		Phone Number:		E-mail Address:		



Webb County Constable Pct. 1

YOUTH ACADEMY

Participant's Release Form

I _____ in consideration of my participation in the Webb County Constable Pct. 1 Youth Academy, hereby grant Webb County Constable Pct. 1 the right to record, broadcast, and otherwise exploit in any and all media throughout the world my performance in the event and use my name, likeness, voice and biographical information concerning in connection therewith.

I assume all risks associated with my participation in the Webb County Constable Youth Academy and hereby release and hold harmless the County of Webb and Webb County Constable Pct. 1 Office.

I warrant that I am of legal age and that I have read and fully understand the foregoing terms. (If not, parent or guardian must sign.)

Print Name **Signature**

Address **City** **State** **Zip Code** **Date**

Parent or Guardian Guarantee

I represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age, and that I have read and fully understand the forgoing participant release and agree for the participant and participants' heirs, successors, and assigns and for participants' legal representative to be bound by the terms thereof.

PRINT NAME PARENT OR LEGAL GUARDIAN **SIGNATURE**

ADDRESS **CITY** **ST** **ZIP CODE** **DATE**



Webb County Constable Pct. 1

YOUTH ACADEMY

LIABILITY RELEASE WAIVER

I _____ understand that Webb County Constable Pct. 1, Constable Guadalupe Gomez and his Deputies nor the County of Webb are responsible for any injuries or harm to my person and /or my property while participating/volunteering in the Youth Academy. I furthermore affirm that my Doctor confirms my physical participation in the Webb County Constable Pct.1 Youth Academy.

I will comply with all rules of the Webb County Constable Pct.1 Youth Academy and will conduct myself in a business-like manner at all times.

I am aware that my participation can be revoked if I do not comply with the rules set by the Webb County Constable Pct.1 Youth Academy.

I warrant that I am of legal age and that I have read and fully understand the foregoing terms. (If not, parent or guardian must sign.)

Print Name

Signature

Address City State Zip Code

Date

Parent or Guardian Guarantee

I represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age, and that I have read and fully understand the forgoing participant release and agree for the participant and participants' heirs, successors, and assigns and for participants' legal representative to be bound by the terms thereof.

PRINT NAME PARENT OR LEGAL GUARDIAN

SIGNATURE

ADDRESS CITY ST ZIP CODE

DATE