2026 Teen Community Police Academy

Applications must be submitted by June 29, 2026

Completed applications to be turned into:
Burien Police Department CSO Michiko Wilson 14905 6th Ave SW, Burien
Email: michiko.wilson@kingcounty.gov or
SeaTac Police Department CSO Denise Contreras 4800 S 188th St, SeaTac
Contreras Email: dencontreras@kingcounty.gov

Enrollment Application

Applicant Information

Full Name: **Nickname:**

Address

City: **Zipcode:**

Phone: **Email:**

Date of Birth: **School:**

Parent / Guardian:

Cellphone: **Work Phone:**

Email:

Please tell us why you are interested in participating in the Teen Community Police Academy?

Applicant Agreements

Criminal Background check Authorization	I hereby authorize the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, and their respective agents, employees, officials, and representatives to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies to conduct a criminal history check. I hereby release the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, and all of their agents, employees, officials, and representatives from any liability, loss, harm, or damage that may arise out of the background investigation and recommendation, including any liability, loss, harm, or damage arising from a negative recommendation based upon erroneous information.
Photos, Video & Social Media	I grant permission to the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, City of Burien, City of SeaTac and their respective agents, employees, officials, and representatives to take, use and edit photographs and videos of myself to promote City/County events, programs, and services. I understand that the images and descriptions may be used on print publications, online publications, presentations, websites, and social media.

Rules of Conduct	I understand that I must comply with the rules and regulations defined by the onsite personnel/instructors, and to exercise reasonable care while participating in the program. I understand that if I fail to follow the instructed rules and regulations or fail to exercise reasonable care, I can be administratively removed from the program.
Liability Waiver	I understand that this program will involve active physical participation, which includes a potential risk of personal property damages/losses, personal injuries, or death. Further, I have read and understand the program outline that describes all class sections and the associated activities (including, but not limited to Defensive Tactics, Mock Scenes, Taser Exercise, Boat ride, and transportation to and from the tours). I agree to hold the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, City of Burien, City of SeaTac, and their agents, employees, officials, and representatives harmless from any and all actions, claims, damages, lawsuits, losses, and/or injuries that I may suffer as a result of voluntary participation in the Teen Community Police Academy. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a knowing, voluntary, and intelligent act of my part.

Applicant Signature: **Date:**

Parent/Guardian Approval & Agreements

Participation Authorization	I hereby grant permission for the above named minor child to participate in all of the activities sponsored by the King County Sheriff's Office, Burien Police Department, and SeaTac Police Department Teen Community Police Academy.
Criminal Background check Authorization	I hereby authorize the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, and their respective agents, employees, officials, and representatives to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies to conduct a criminal history check of the above name minor child. I hereby release the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, and all their agents, employees, officials, and representatives from any liability, loss, harm, or damage that arise out of the background investigation and recommendation based upon erroneous information.
Photos, Video & social media authorization	I grant permission to the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, City of Burien, City of SeaTac and their respective agents, employees, officials, and representatives to take, use and edit photographs and videos of the above named minor child to promote City/County events, programs, and services. I understand that the images and descriptions of the images may be used on print publications, online publications, presentations, websites, and social media.
Rules of Conduct agreement	I understand the above named minor child must comply with the rules and regulations defined by the onsite personnel/instructors, and to exercise reasonable care while participating in the program. I understand that if the above named minor child fails to follow the instructed rules and regulations or fail to exercise reasonable care, the above name minor child can be administratively removed from the program.

Emergency Medical Treatment authorization	In the event of an emergency, and a parent/guardian of the above name minor child cannot be reached, I authorize qualified emergency medical personnel, including a physician and staff, to examine the above named minor child, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury on my behalf until I or a designated emergency contact can be reached.
Liability Waiver	I understand that this program will involve active physical participation, which includes a potential risk of personal property damages/losses, personal injuries, or death. Further, I have read and understand the program outline that describes all class sections and the associated activities (including, but not limited to Defensive Tactics, Mock Scenes, Taser Exercise, Boat ride, and transportation to and from the tours). I agree to hold the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, City of Burien, City of SeaTac, and their agents, employees, officials, and representatives harmless from any and all actions, claims, damages, lawsuits, losses, and/or injury the above named minor child may suffer while voluntary participating in the Teen Community Police Academy. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a knowing, voluntary, and intelligent act of my part.
Approval	I have read and understand the terms of this participation Approval and Agreements and by my signature, agree to its terms.

Parent/Guardian Signature: **Date:**

Health, Emergency Care & Medication Form

This information will only be given to an EMT, paramedic, or healthcare professional providing treatment. Parent/Guardian will be contacted as soon as possible to advise on the health status of their child should medical care be needed.

Participant Full Name:

Emergency Contact Name:

Cellphone: **Work Phone:**

Primary Care Physician: **Phone:**

Medical History:

Other conditions:

Allergic to any medications? **Yes** ☐ **No** ☐ **If yes, list the medications:**

Any food allergies or dietary restrictions? **Yes** ☐ **No** ☐

If yes, list the foods or explain the dietary restrictions:

Parent/Guardian Signature:

Date:

2026 BURIEN/SEATAC POLICE TEEN COMMUNITY POLICE ACADEMY

CODE OF CONDUCT

It is our intention to provide your child with a safe and secure learning environment. We will attempt to create a comfortable and fun atmosphere that will have your child looking forward to coming to the Academy each day.

We are here for your child and the other children to have a positive experience. The Academy Code of Conduct, outlined below, will help children and our staff to understand and enforce the rules fairly. Each child and their parent/guardian are required to read and sign the Code of Conduct as an acknowledgement.

- There will be no use and/or possession of tobacco products, alcohol, or drugs. Any found to be in violation of this code will result in immediate removal from the program and appropriate action will be taken
- Students are expected to be on time for class and are required to attend all five days of the academy
- Students must always follow directions by the instructors/staff and conduct themselves in a way that respect others
- Bullying or disrespectful behavior toward another student or instructor/staff will not be tolerated whether it is verbal or physical and it will result in immediate removal from the program

Dress Code

Our dress code is business casual. Net, mesh or see-through clothing, tank tops, spaghetti straps, halter tops, tube tops, mid-drifts or other revealing shirts are not allowed. No short shorts, pajamas, slippers or flip flops.

For the Parents/Guardians

This year's Teen Community Police Academy will run from July 13th through July 17th at Burien Police Department, 14905 6th Ave SW, Burien from 8:30am to 12:30pm. Students are responsible for arranging their own transportation to and from the academy each day. Parents/guardians may drop off students no earlier than 8:15am and no later than 8:30am. Students must be picked up no later than 12:45pm and no earlier than 12:30pm unless there is an emergency or illness.

STUDENT BEHAVIORIAL CONTRACT

The purpose of this contract is to inform the students that he/she must comply with all provisions of the Burien/SeaTac Police Departments Teen Community Police Academy. Due to the nature of the academy there will be a ZERO TOLERANCE for any and all rule regulation infraction or violation. Undesirable conduct such as bullying, rude and disrespectful behavior to fellow students/instructors, and violation of the dress code and possession/use of tobacco, alcohol, or drugs will result in IMMEDIATE removal from the program. This contract represents an agreement by the student and student's parents/guardian that he/she has received a copy of the Code of Conduct and agrees to adhere to this code at ALL times in the academy. We have read the above and agree to comply with its terms.

Parent/Guardian signature

Parent/ Guardian name printed

Date

Child signature

Chile name printed

Date