

PIKES PEAK REGIONAL TEEN ACADEMY APPLICATION



2026



- Applicant is at least 13 years old and no older than 18 years old; AND
- Applicant will be enrolled in high school for the 2026-2027 school year, OR graduated from high school in 2026; AND
- Applicant resides in OR attends a school located in El Paso County;

Has this applicant previously attended the Pikes Peak Regional Teen Academy?

- Yes
- No

Application Packet Includes: (4 pages total)

Demographic and Background Information (1 page)

General Rules & Consent for Participation in Physical Activities (1 page)

Liability Waiver and Indemnification Agreement (1 page)

Jamie Palaia Memorial Scholarship (1 page, Due on 1st day of Teen Academy)

Please return the 4 page Completed Application Packet to:

PIKES PEAK REGIONAL TEEN ACADEMY APPLICATION

Colorado Springs Police Department
ATTN: SRO Unit
4110 Tutt Blvd
Colorado Springs, CO 80922

The 2026 PPRTA will hold two separate one week academies during June 2026 at Sand Creek High School. While every effort will be made to accommodate your first choice, this cannot be guaranteed. Place a 1 for your first choice and a 2 for your second choice.

___ June 01 - June 05, 2026 (Sand Creek HS)

___ June 08 - June 12, 2026 (Sand Creek HS)

Name: _____

Date of Birth: _____ Age: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Which School do you Attend: _____ Grade: _____

Name of a School Administrator: _____

Telephone Number for School Administrator: _____

School Administrator Email Address: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Home Phone Number: _____

Parent/Guardian Cell Phone Number: _____

Parent/Guardian Email Address: _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Home Phone Number: _____

Emergency Contact Cell Phone Number: _____

Applicants will be separated into small groups for certain activities throughout the PPRTA. You may list **ONE** individual who is also attending the same session and staff will work to ensure you two are placed together. BOTH you and the other individual must list each other on your respective applications.

Requested Partner: _____

BACKGROUND INFORMATION

Have you ever been arrested or convicted/adjudicated of a crime? _____ YES _____ NO

If Yes, please list offense(s), date, and disposition. _____

Are you or have you ever been required to register as a sexual offender? _____ YES _____ NO

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I certify that all information given on this form is correct. I authorize the El Paso County Sheriff's Office and the Colorado Springs Police Department to utilize this information to conduct a background investigation in order to determine my suitability for entrance to the PPRTA.

GENERAL RULES

The purpose of these rules is to establish a code of conduct and general requirements to ensure an informative and enjoyable experience for all participants. Due to the program's length, an absence from any class is not allowed for graduation. Punctuality is important. Please arrive early for class, and be seated and ready to learn and participate at class time. Please remember that the Academy is intended for the benefit of all who attend. Participants should arrive prepared to contribute to the discussion and other activities. Students shall conduct themselves in a professional manner at all times and be sensitive to the needs and concerns of others.

Students are not allowed to leave the PPRTA during breaks or lunch. Attendees are responsible for bringing their own snacks, drinks, and lunch.

Each participant shall be appropriately dressed and wear comfortable shoes. Shorts must reach mid-thigh. No hats are allowed in the classroom. Cell phones are not allowed to be out or used during instruction or demonstrations. Students are expected to have phones either OFF or SILENCED during the day.

In the event a participant's conduct is disruptive to the class, the individual may be removed from the program. Respect for others is mandatory.

CONSENT FOR PARTICIPATION IN PHYSICAL ACTIVITIES

Some items on the schedule may include physical activities. All participants must have permission to participate in these activities. Please select only one of the following:

FULL PARTICIPATION. I understand that physical activities will be part of the PPRTA.

My son/daughter, _____, has permission and does not have any medical condition or needs that exempt him/her from participating fully in such activities.

NO PARTICIPATION. I understand that physical activities will be part of the PPRTA.

My son/daughter, _____, does not have permission to participate in such activities. Please have my child sit out and observe during any and all physical activities.

Please list any medications, illnesses, injuries, or medical concerns that you feel the PPRTA staff should be aware of: _____

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*Please note that PPRTA staff are not able or responsible for the administration of medications or medical services. Applicants for the PPRTA must be able to self administer medications and provide basic self care. The PPRTA program is also unable to provide PARA or support personnel for special needs. All applicants are expected to be able exercise self-discipline and adhere to program rules, expectations, and staff directions.

I, _____ (Parent or Guardian), DO HEREBY AUTHORIZE, government entities, military entities, law enforcement agencies, City, County, and Federal entities, private persons, and employers, to furnish and release any and all available information relating to the below named minor, for the purpose of determining his/her suitability to be appointed as a member of the Pikes Peak Regional Teen Academy (PPRTA).

I do hereby release from liability, all persons or entities disclosing information pursuant to this release. In consideration of the benefits to my (son/daughter/ward) for his/her participation in the PPRTA, do hereby authorize, I give my permission for the below listed minor applicant to attend the PPRTA. It is hereby agreed that I am a party to this participation liability waiver and indemnification agreement and that said agreement is binding upon me, said child, and any and all our legal heirs and successors of whatever kind. I do hereby for myself, my child, my heirs, executors, and administrators remise, release, and forever discharge the El Paso County Sheriff's Office, the Colorado Springs Police Department, El Paso County, the City of Colorado Springs, and any of their deputies, police officers, agents, employees, or volunteers from any and all claims, liabilities, or demands arising out of the participation of the below listed child in the PPRTA, including transportation to and from the PPRTA.

I further agree to fully indemnify, defend, and hold harmless the El Paso County Sheriff's Office, the Colorado Springs Police Department, El Paso County, the City of Colorado Springs, and any and all of their deputies, police officers, agents, employees, or volunteers from and against any and all loss, damage, injuries, claims, cause or causes of action, or any liability resulting from, arising out of, or in connection with my child's negligence at any time during the PPRTA.

In case of sudden illness or other serious medical emergency, if I (the undersigned parent or guardian) cannot be reached, I authorize a member of the El Paso County Sheriff's office or the Colorado Springs Police Department to take appropriate action in seeking medical attention.

I hereby grant the El Paso County Sheriff's Office and the Colorado Springs Police Department permission to record my/my child's likeness and/or voice for the use by television, film, radio, or printed media to further the aims of the El Paso County Sheriff's Office and the Colorado Springs Police Department in related publications, campaigns, and in other ways they see fit.

Minor/Teen Academy Applicant (Last, First, Middle): _____

Parent/Guardian of Applicant (Last, First, Middle): _____

Parent Signature: _____ Date: _____

Parent/Guardian Email Address: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

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JAMIE PALAIA MEMORIAL SCHOLARSHIP

Presented by the Colorado Springs Police Protective Association

APPLICATION FORM (Due by end of the first day of the Teen Academy)

Full Name _____ Date of Birth _____

Address/City/State/Zip Code _____

Parent/Guardian Name _____

Phone Number/ email: _____

Current School: _____ Grade Level: _____ Current GPA: _____

1.) What college or university do you plan to attend?

2.) In what field do you plan to study?

3.) List all extra-curricular activities that you are currently a part of.

4.) List a reference (example: supervisor, community leader, ROTC Instructor, volunteer organization)

Name _____ Occupation/Title _____

Phone Number/email _____

5.) Please attach/turn in at least one letter of recommendation (must be either a school administrator or school counselor) by the end of the first day of the Teen Academy.

6.) Please attach/turn in an essay (**minimum 500 words**) in your own words, **“Why is service an essential part of being a responsible citizen”** by the end of the first day of the Teen Academy.

7.) Place of employment (if applicable) _____

Name of Supervisor/phone number/email _____

Applicant's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

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