

**WALL TWP. POLICE DEPARTMENT
YOUTH POLICE ACADEMY**

July 28th, 2008 – August 1st, 2008

Application for Enrollment

Applications must be completed in ink and signed. Must be an incoming 8th-12th-grade student and Wall Twp. resident. Please print neatly. Applications **MUST** be submitted no later than July 11, 2008 at 4pm. \$25 check or money order made payable to: Wall Twp. Police Department

Name: _____ Date of Birth: _____

Last First MI

Address: _____

Street City Zip

Email Address: _____ Sex: Race: _____

Driver's license #: _____ State: _____ Exp: _____

Home phone: _____ Work phone: _____

Place of Employment: _____ Address: _____

Have you ever been convicted of any felony? _____

Have you ever been arrested, convicted or charged with any offense other than minor traffic offenses? If yes, please explain in detail include what action was taken against you: _____

Name, Address and phone numbers for two character references:

1. _____

2. _____

How did you hear about the Youth Police Academy and why do you wish to attend?

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Emergency Authorization

Juvenile's name: _____

I hereby give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to above named child whose health history appears on the reverse side if needed. This form may be photocopied for use during the program.

Signature of parent or guardian: _____

Date: _____

*Waiver of Civil Liability
Youth Police Academy*

Juvenile's name: _____ Date: _____

I hereby waive any and all claims and demands of whatever nature, which I have or may hereafter acquire against the Township of Wall, its officers, the Youth Police Academy, its officers and agents, as a result of my permission for my child's participation in the Youth Police Academy from July 28, 2008 to August 1, 2008. I further agree that my child will comply with all rules of the program and any instructions or orders issued by the program coordinators in connection with the program. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part and my child.

Parent/Guardian's Name (print): _____

Please sign: _____

Dated: _____

**WALL TWP POLICE ACADEMY
YOUTH POLICE ACADEMY
RULES**

1. Each participant must complete an application and have a parent/guardian sign each enclosed application form.
2. Except for sickness, emergencies and pre-approved absences, participants should not be absent from any of the training sessions. Absence from any training day will prevent a participant from graduating.
3. Participants are expected to dress in appropriate attire. Students are to wear khaki shorts and academy supplied t-shirts. Students will wear white socks and sneakers. The instructors reserve the right to request the student leave the classroom. The student may change and return that day if possible.
4. Participants shall not be armed at any time during the academy. This includes pepper spray, handguns, knives, pocketknives, any item which can be construed as a weapon. Any violation of this rule could result in immediate dismissal from the academy.
5. Participants shall be polite and respectful of all instructors, police officers, other adults and students during class.
6. It is important that class start on time and there are as few disruptions as possible, therefore, any student more than 10 minutes late may be dismissed from attending that session by the instructor (it's the option of each individual instructor).

I certify that I understand the requirements of participating in this program.

Signature: _____ Date: _____

Parents Signature: _____ Date: _____

T-Shirt size: SMALL MEDIUM LARGE X-LARGE

(Please circle one)

**WALL TWP. POLICE DEPARTMENT
YOUTH POLICE ACADEMY
HEALTH FORM**

(Must be filled out completely)

Name: _____

Birth Date: _____ Sex: _____

Parent or Guardian: _____

Home phone: _____

Home Address: _____

Parent or Guardian's Work Number: _____

If not available in case of emergency,
notify: _____

Phone number of Emergency Contact: _____

Name of person carrying insurance: _____

Name of Insurance Company: _____

Insurance I.D.: _____ Group Number _____

Does student have any allergies? _____

If yes, what: _____

Describe reaction to allergy and how is it
treated: _____

Is any physical activity to be limited? _____

Is there any other illness/injury that we should know
about? _____

Signature of parent/guardian: _____ Date: _____

WALL TWP. POLICE DEPARTMENT

YOUTH POLICE ACADEMY

Medical Certification Form

(Please print or type)

Applicant's name: _____

Social Security number: _____

Name of Physician: _____

Physician's Address: _____

Physician's Phone Number: _____

Certification by Physician

Based upon a medical examination and a review of the applicant's health history, I certify that the applicant is medically fit to participate in Physical Conditioning and Defensive Tactics as part of the Wall Twp. Youth Police Academy. I understand that the course involves, but is not limited to, active and physical participation in:

Running
Strength training
Push- ups, sit-ups and pull-ups
Handcuffing techniques

Personal weapons and vulnerable areas
Stance, movement and positioning
Blocks and parries

Physician signature

License number

Date: _____