

**WALL TWP. POLICE DEPARTMENT**  
**YOUTH POLICE ACADEMY**  
**June 22, 2020 to June 26, 2020**

**Application for Enrollment**

Applications must be completed in blue or black ink. Please print neatly. Applicants must be an incoming 8<sup>th</sup>-12<sup>th</sup>-grade student **and** a Wall Twp. resident. Applications **MUST** be submitted no later than June 5, 2020 at 3pm to Wall Twp. Police Headquarters (Attn: Youth Police Academy).

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip

Email Address: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Have you ever been arrested or charged with any offense, any traffic offenses, and/or had any type of negative contact with a Law Enforcement Officer? If yes, please explain in detail and 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*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: \_\_\_\_\_

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*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, and/or 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 June 22, 2020 - June 26, 2020. 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 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 is the option of each individual instructor).

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

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Shirt size (Adult size):      SMALL      MEDIUM      LARGE      X-LARGE  
(Please circle one)

**Wall Twp Youth Police Academy**  
**Media Release Form**

I grant permission for the Wall Twp. Police Department and its subordinates, to use my son or daughter's name and/or photographs for use in any media publications, or newsletters.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless the Wall Twp. Police Department and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I certify that I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

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Name of Academy cadet (please print)

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(Street)

(City)

(State)

(Zip Code)

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name (Parent/Guardian)

\_\_\_\_\_  
Signature of parent/guardian

**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: \_\_\_\_\_

Name of person carrying insurance: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance I.D.: \_\_\_\_\_ Group Number \_\_\_\_\_

Does cadet have any allergies? \_\_\_\_\_

If yes, please describe reaction to allergy and how the allergy is best treated:

\_\_\_\_\_

Does the student currently take or require any type of medication? \_\_\_\_\_

If yes, please list each medication and when it is administered:

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

# Emergency Contacts

**Cadet:**\_\_\_\_\_

(Primary)

Name\_\_\_\_\_Relationship\_\_\_\_\_

Address\_\_\_\_\_

City, State, ZIP\_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer\_\_\_\_\_

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(Second)

Name\_\_\_\_\_Relationship\_\_\_\_\_

Address\_\_\_\_\_

City, State, ZIP\_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer\_\_\_\_\_

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(Third)

Name\_\_\_\_\_Relationship\_\_\_\_\_

Address\_\_\_\_\_

City, State, ZIP\_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer\_\_\_\_\_

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