Washington Township Junior Police Academy



Thank you for your interest in the Washington Township Police Department's Junior Police Academy (JRPA). Enclosed you will find your **Junior Police Academy Application**, **Disclaimer and Waiver of Liability, Liability Release Form, Medical Information, Medical Release, Photograph Release** and the anticipated **Schedule of Topics as well as the drop off locations and times**. Please make arrangements to have your child **arrive by 8:00am** each day as well as **picked up by 2:00pm** at the various locations. The graduation ceremony will take place at 12:00pm at the Washington Township Municipal Building and will take approximately one (1) hour. Your children will conduct a Drill and Ceremony program to exhibit a portion of the discipline and dedication that they have learned. ***Please fully complete and submit your application to the Washington Township Police Department. Please do not email the application.***

There will be a **mandatory** **orientation on Tuesday July 7th at 6:00pm** at the Washington Township Police Station- Municipal Court Room located at 1 McClure Drive Sewell, New Jersey. Please plan on attending along with your child.

The Junior Police Academy Uniform MUST be ordered between June 1st - June 14th, from MBM Sports. An online store will be provided via email once enrollment closes. Only between those dates will sizing & orders be accepted. The online store will close the night of June 14th. The uniform includes: one (1) pair of shorts & one (1) T-shirt with the JRPA logo and your child's last name printed on the uniform, one (1) draw string bag and one (1) hat. The charge for the uniforms will be $50.00. Extra uniform items may be purchased for an additional cost.

Any questions regarding the JRPA, please contact Officer Jessica Walton #167
Phone: (856) 589-6650 (ext. 1167)
E-Mail: JLWalton@pd.twp.washington.nj.us

WASHINGTON TOWNSHIP POLICE

1 McClure Drive • Sewell, New Jersey 08080 • (856) 589-6650

Please print/type the following application information, then hand deliver to:
Washington Township Police Department
1 McClure Drive
Sewell, New Jersey 08080
856.589.8594

Name: _____ Age: ____ DOB: _____

Address: _____ City: _____

State: _____ Zip Code: _____ School: _____

Name of Principal: _____ School's Phone: _____

Student's GPA: _____ Name of Sponsor: _____

Address of Sponsor: _____

Sponsor's Phone #: _____ Sponsor's Position: _____

Activities/Hobbies that you are involved in: _____

_____

_____

Mother's Name: _____ Father's Name: _____

Emergency Telephone Numbers:

Home: _____ Mother's Cell: _____ Father's Cell: _____

In a short paragraph, tell us why we should accept you into the Junior Police Academy. (Space available on back)

_____

_____

_____

_____

_____

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DISCLAIMER AND WAIVER OF LIABILITY

The Washington Township Junior Police Academy is provided as a public service by the Washington Township Police Department. *By execution of this form, the undersigned grants permission for their child/minor to participate in the program.* The execution of this form also represents acknowledgment by the undersigned that participants in the program will be exposed to crime scene photographs, police videos, use of force scenarios, scenes with firearms simulators, and potentially violent K-9 demonstrations. Some of these situations may be offensive and disturbing to some participants and the signature below acknowledges that the parent/guardian understands this and grants permission for their child/minor to participate.

Restriction of Liability

The Washington Township Police Department makes no claims, promises or guarantees about the Academy and expressly disclaims liability for errors and omissions in the contents of the Academy. No warranty of any kind, implied, expressed or statutory, is given with respect to the contents of this Academy. Reference in the Academy to any specific commercial products, processes, or services, or the use of any trade, firm or corporation name is for the information and convenience of the public, and does not constitute endorsement, recommendation, or favoring by the Washington Township Police Department.

_____ _____

Participant's Name & Age Parent/Guardian Name

_____ _____

Date Parent/Guardian Signature

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LIABILITY RELEASE FORM

(Please Print or Type)

I, the undersigned, (parent's name)_____, residing at (address) _____, being the parent or legal guardian of (participant's name) _____, do hereby give my permission for him/her to attend the Washington Township Junior Police Academy and in consideration of allowing him/her to participate in the above-mentioned program, do voluntarily and knowingly release and discharge the Junior Police Academy, Township of Washington, Gloucester County, The Washington Township Police Department's employees, agents, successors, assigns and all others who may be liable from claims, present and future, known and unknown, in any manner arising out of his/her participation in the Junior Police Academy.

I also acknowledge that (participant's name)_____ has no limiting medical conditions and is fully capable of participating in the program. I appoint the Washington Township Police Department to act in my place, in the event that (participant's name) _____ should require medical attention while involved in the Junior Police Academy program. This appointment is for the purpose of securing benefits for the health and welfare of (participant's name) _____ and expressly includes the authority to sign releases to physicians who may render emergency medical care and services. I promise to assume liability for payment of all such professional services, and to reimburse the Township of Washington for any expense that may be incurred for treatment, care, drugs, and other services for (participant's name) _____.

In consideration of all above, as well as supervision provided on my behalf and on behalf of (participant's name) _____. I hereby agree to hold the Washington Township Police Department, Township of Washington's employees, agents, successors, assigns, its agents and all others who may be liable, harmless for results of any decision it may make in connection with the care and treatment of (participant's name) _____. I agree that if the above-mentioned participant's behavior is such that it endangers the welfare of the entire group, the Township of Washington and Washington Township Police Department has my permission to send him/her home.

_____ Date: _____

Signature of Parent/Guardian

_____

Address City State Zip Code

_____

Home Phone # Work Phone # Cell Phone #

WASHINGTON TOWNSHIP POLICE
1 McClure Drive • Sewell, New Jersey 08080 • (856) 589-6650

JUNIOR POLICE ACADEMY MEDICAL INFORMATION

Name: _____ Age: _____ DOB: _____

Height: _____ Weight: _____ T-Shirt Size (adult): _____ Waist Size: _____

List any Prescription Medications that you are currently taking: _____

_____

_____

List any Over the Counter Medication that you are currently taking: _____

_____

_____

List any Allergies that you have: _____

_____

_____

I understand that this information is given voluntarily and is a part of my health record maintained by the Washington Township Police Department. I also understand that this information will be kept confidential. I understand that First Aid will be available at the academy; that the students will be closely supervised and that hospital care will be given at the expense of the parent/guardian. I further understand that in case of serious injury or illness, I will be notified. If it is impossible to reach me in a timely manner, I hereby give my permission for emergency treatment or surgery as recommended by the attending physician.

Cadet's Name (print): _____

Parent's/Guardian's Name (print): _____

Signature of Parent/Guardian: _____ Date: _____

WASHINGTON TOWNSHIP POLICE

1 McClure Drive • Sewell, New Jersey 08080



MEDICAL RELEASE

I hereby give my permission for any and all medical attention necessary to be administered to my child (name)_____ in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective for a period of one (1) year from the date given below. I also hereby assume the responsibility for payment of any such treatment.

MY ADDRESS IS: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

My Insurance Company is: _____

My Policy Number is: _____

In the event that I cannot be reached, any of the following is designated to act in my behalf:

1. Academy Director (name): _____
2. Assistant Director (name): _____
3. Assistant Director (name): _____
4. Police Department Representative: _____

Our Physician Is: _____

Physician's Address and Phone #: _____

KNOWN ALLERGIES: _____

Signature of Parent/Guardian:_____

Sworn to before me this _____ day of _____, 20_____

_____
NOTARY SIGNATURE

Seal

WASHINGTON TOWNSHIP POLICE

1 McClure Drive • Sewell, New Jersey 08080

PHOTOGRAPH RELEASE FORM

Today's Date: _____

I hereby grant the Washington Township Police Department and its representatives, permission to use my likeness in a photograph in any and all of its publications, including websites, without payment or any other consideration.

I understand and agree that these items will become the property of the Washington Township Police Department and will not be returned.

I hereby irrevocably authorize Washington Township Police Department to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing events and activities administered by the Washington Township Police Department or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Washington Township Police Department and its representatives from all claims, demands and cause of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name; or I am the parent/guardian of a minor within the photograph, and I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

_____ Date: _____
Signature

_____ Date: _____
Printed Name

_____ Date: _____
Parent/Guardian Signature (if required)