

Barneгат Township Police
900 W Bay Ave
Barneгат, NJ 08005

BARNEGAT TOWNSHIP
POLICE
DEPARTMENT
A REGNATI CONSENSU
KEITH A. GERMAIN
CHIEF OF POLICE

PHONE: 609-698-5000
FAX: 609-698-0271
barneгатpolice.com

**Junior Police Academy
Class #1
APPLICATION
July 8, 2019 to July 12, 2019**

Applicant Information:

Name _____ Male or Female

Address _____
House Number, Street, City, State, and Zip

Current Grade: 5th 6th (check one)

This is my 1st 2nd 3rd time attending the police academy. (check one)

(Please circle appropriate shirt and shorts size)

T-Shirt size (Adult Size) S M L XL Shorts size (Youth Size) S M L XL

T-Shirt size (Youth Size) M L

FEE TO JOIN: \$25.00 (to be submitted upon acceptance to the academy)
Please make check payable to the TOWNSHIP OF BARNEGAT
Memo line of check: Put JPA and your child's names

Parent/Guardian Information:

Parent Name _____ Parent Name _____

Address _____
House Number and Street, City, State, and Zip

Home Telephone # _____ Cell Telephone # _____

E-mail Address _____



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Emergency Contact Information:

Name _____ Relationship _____

Address _____
House Number and Street, City, State, and Zip

Contact Phone Number(s) _____

Family Physician:

Name _____ Telephone # _____

Address _____
House Number and Street, City, State, and Zip

Last Visit _____ Reason _____

Medical Questionnaire: Please answer all questions:

1. Is your child being seen for medical reasons now? If yes, please explain.

2. Does your child have any allergies? If yes, please explain.



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3. Has your child ever been hospitalized? If yes, please explain.

4. Does your child have high blood pressure? If yes, please explain.

5. Does your child suffer from any heart problems? If yes, please explain.

6. Has your child ever suffered from Heat Exhaustion and / or Heatstroke?

7. Are there any medical problems or disabilities that may affect your child during this event? If yes, please explain.

8. Does your child have a learning disability? (We want to make this experience memorable and this knowledge will help us do that.)



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9. If your child should become ill and need attention, what hospital should be used? However, please be advised that the ultimate decision may lie with the medical personnel at the scene.

10. Is your child taking any medications? (Prescription or over the counter)

Parents:

I understand that the health history statement is true and that my child is able to participate in the Barneгат Township Junior Police Academy. I further grant permission for my child to participate in all physical activities to be held by the BTPD Junior Police Academy.

Print Name _____ Signature _____

Date _____ Relationship to child _____



CODE OF CONDUCT

1. There will be no use and / or possession of tobacco products, alcohol, or drugs on academy property. Anyone found to be in violation of this code will be immediately dismissed and appropriate actions will be taken.
2. Student recruits are required to arrive at the Donahue School between 8:40 A.M. and 8:55 A.M. Morning formation will be at 9:00 A.M. SHARP each day. Parents/Guardians can pick up recruits following the end of the daily scheduled events at 2:00 P.M. Dismissal times are strictly adhered to, therefore the pickup of recruits should coincide accordingly.
3. Student recruits are required to adhere to all academy rules and regulations, policies, and procedures.
4. Student recruits are required to follow the directions and orders of the academy staff for their safety at all times. No recruits will leave the classroom, fitness areas, or academy grounds without permission from the academy instructors.
5. Should a student become ill or injured he/she is expected to report immediately to the instructor.
6. Use of obscene, vulgar or profane language will not be tolerated.
7. When an instructor, guest speaker, or adult enters a room all recruits will stand at attention with their hands at their sides.
8. When asking a question or speaking, the recruit will stand if sitting, state "Sir/Ma'am", state their name, advise that they have a question, await Instructor verbal response, and then continue with the verbal communication.
9. All student recruits will answer the instructors, guest speakers, and adults at the academy with "Yes Sir/Ma'am or "No Sir / Ma'am.
10. Student recruits will bring lunches with them daily. Lunches will NOT be provided by the academy but a lunch time period is allotted each day.

Student recruits will conduct themselves in a professional manner at all times.

Dress Code

This academy has been developed to give each recruit the best possible learning experience. Therefore, it is necessary that recruits present themselves in a neat and well-groomed manner. T-shirts and shorts will be issued and must be worn. Recruits must wear athletic sneakers daily. Hair must be kept neat and not a distraction to other recruits. Wearing of jewelry is prohibited with the exception of a wrist watch.



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Student Behavioral Contract

The purpose of this contract is to inform the recruit that he/she must comply with all the provisions of the Barnegat Township Junior Police Academy and to the specific terms set forth in the contract. The recruit understands that due to the nature of this academy there will be a "Zero Tolerance" rule in affect. Undesirable conduct such as horseplay, bullying, or rude behavior to fellow recruits/instructors or a violation of the recruit code of conduct will result in removal of the recruit from the academy. This contract is in effect for the safety of all recruits and the maintenance of discipline and order. This contract represents an agreement by the recruit and that he/she has read the code of conduct, the recruit agrees to adhere to this code of conduct at all times, at home, in school, and at the academy.

Signature or Parent/ Guardian

Signature of Student Recruit

Date



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Hold Harmless Agreement

I, the undersigned Parent/Guardian residing at _____, Barneгат Township, do hereby allow my son/daughter to attend the Barneгат Township Junior Police Academy. In consideration of allowing him/her to participate in the above named program I voluntarily and knowingly release and discharge the Barneгат Township Police Department Junior Police Academy and all the instructors and participants in this program as well as all others who may be liable from all claims, present and future, known or unknown, in any matter arising out of his/her participation in the Junior Police Academy.

I also acknowledge that (Child's Name) _____ has no limited medical conditions and is fully capable of participating in the program. This Hold Harmless Agreement is a testament to my understanding to the above and evidenced by my signature.

By signing this agreement I also give the Barneгат Township Police Department permission to take pictures of the attending participants during events of the Academy for the purpose of memorializing this program. Pictures will be taken, in part, for a class picture, making of a CD, for attending recruits, and released to the media outlets that provide coverage of the events.

Signature _____ Date _____

Print Name _____



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Junior Police Academy -Release Authorization-

Parent/Legal Guardian Release & Consent Form
Publication of Photography, Video, Voice, Image and Name

Print: Participant & Parent(s)/ Legal Guardian(s) Name(s)

This form applies to recruits, students and / or participants who may be photographed or filmed during one or more activities of the Barnegat Township Junior Police Academy. Appropriate signatures on this form will permit and allow the publication of the photographs, videos, images and names of the recruits, students and / or participants' and the same to be used by the Barnegat Township Junior Police Academy for the purposes of promotion, including but not limited to newspapers, television, social media (i.e. Barnegat Township Police Department Facebook Page)

I hereby grant and authorize the Barnegat Township Junior Police Academy and their affiliates to use and / or publish the following information:


- My Name
- My Photo
- Any Video/Audio
- E-mail address
- My Phone number
- My Mailing address
- Other

We hereby assign and grant to the Barnegat Township Junior Police Academy and their affiliates the right and permission to use and /or publish the above, and I hereby release the Barnegat Township Junior Police Academy and their affiliates and hold them harmless from any and all liability and give up any and all claims and rights from such use, publication and the like.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of the above, without limitation, and at the discretion of the Barnegat Township Junior Police Academy, and I specifically waive any right to any compensation, payment or royalties we may have for any of the foregoing.

I understand and agree to the terms of this release and Consent Form.

Parent/Legal Guardian signature: _____ Date: _____
(Participants) Name: _____



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Junior Police Academy – Medical Certificate

Dear Physician:

The following individual has submitted an application to participate in the Barnegat Township Police Department Junior Police Academy Program.

Name: _____ Date of Birth: _____

Address: _____

As part of the Junior Police Academy, The Barnegat Township Police Department requires each applicant to undergo a medical examination by a licensed physician. Applicants should be in good physical health and able to participate in physical fitness activities (marching, running on all surfaces [blacktop, grass and sand], calisthenics and organized athletic sports.

Physician's Statement (Please check one)

____ I have examined the above applicant and find that he/she **can** safely perform in the program.

____ I have examined the above applicant and find that he/she **cannot** safely perform in the program.

- Examination shall be consistent with the 2007 12-Element AHA recommendations.
- Examination date MAY NOT be greater than one year from the last day the applicant attended the Junior Police Academy.

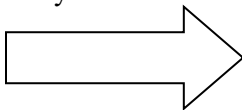
Physician's Signature Date

Please Print (Must be M.D. or D.O.)

Physician's Name: _____

Address: _____

Affix Physician's Office Stamp:



Please list any relevant restrictions or limitations if any:



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