

Winslow Township Police Department  
125 S. Route 73 Braddock, NJ 08037  
609-567-0700

## **JUNIOR POLICE ACADEMY APPLICATION**

### **PERSONAL**

Name:	Date of Birth:
Home Address:	
Cell Phone:	Parent(s) Email Address:
Mother's Name:	Father's Name:
Mother's Cell Phone:	Father's Cell Phone:

### **EDUCATION**

**Attach a copy of the most recent report card.**

Name of School Enrolled:	Highest Grade Completed:
Name of Principal:	School Phone:

## **BACKGROUND**

Please explain briefly why you wish to be enrolled in the Winslow Township Police Department Junior Police Academy. (Space Available on last page if necessary)

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Please list any associations, clubs, organizations you may belong to or be affiliated with.

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Have you ever been arrested for, convicted of, and or cited for any offense? Yes\_\_\_ No\_\_\_  
If yes, explain in detail listing appropriate dates, charges, and location actions were taken.

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## SPONSOR

**Attach a letter provided by the selected sponsor.** (*Principal / Guidance Department, Law Enforcement Agency, a community representative, coach, or religious leader.*)

Sponsor's Name:	Sponsor's Position:
Address of Sponsor:	
Phone Number:	

## REFERENCES

Reference #1 Name:	
Relationship:	
Address:	Phone Number:
Reference #2 Name:	
Relationship:	
Address:	Phone Number:

## **EMERGENCY CONTACT**

Please list two immediate family members or close relatives that can be contacted in the event of an emergency.

Name:	Relationship:
Address:	Phone:
Name:	Relationship:
Address:	Phone:

## **MEDICAL INFORMATION**

***This information is given voluntarily and is part of my health record maintained by the Winslow Township Police Department. This information will be kept confidential and referred only in the event of an emergency.***

Please list any medications either prescribed or over the counter that you are currently taking. Describe the purpose the medications are prescribed.

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Describe any Allergies You May Have:

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**Review this application and answer carefully. Read the statement below prior to signing.**

*“I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejections of enrollment or dismissal from the Winslow Township Department Junior Police Academy.”*

*“I further understand that the Winslow Township Police Department will be conducting a thorough background investigation which may include, but not limiting to, any criminal history and personal references checks.”*

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*Signature*

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*Date*

Please utilize this page for any additional information.

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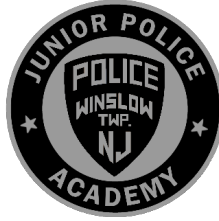
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**T-Shirt Size(Adult sizes) -- S M L XL XXL**

<b><i>JPA STAFF ONLY</i></b>	
Received by:	Received Date:
Accepted into Class:    Yes                      No	Date of Class:



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## Authorization and Permission form to attend the Junior Police Academy

The undersigned parent/guardian gives authorization and permission for their child to attend the Winslow Township Junior Police Academy. The parent/guardian understands that the program includes, but is not limited to, physical fitness activities, marching, classroom training, hands on training, and a possible field trip to a location that will be determined in the future.

The parent/guardian further acknowledges that their child is in good physical condition to participate in every part of the Winslow Township Junior Police Academy. The parent/guardian and cadet agree to obey reasonable direction given by the instructors and staff running the Winslow Township Junior Police Academy.

Cadets can withdraw from the Winslow Township Junior Police Academy upon request and their parent/guardian will be called immediately. A cadet's ability to participate in the Winslow Township Junior Police Academy can be rescinded at any time during the course of the academy at the discretion of the academy instructors. An example of a cause for dismissal would be creating a dangerous situation, not listening to staff of the Winslow Township Junior Police Academy, rude behavior, bullying or mistreatment of other cadet's.

**The undersigned parent/guardian hold the township of Winslow, the Winslow Township Police Department, and the instructors of the Winslow Township Junior Police Academy free from any and all liability, claims and cause of action that a cadet may have during any participation in the Winslow Township Junior Police Academy. The parent/guardian agrees to allow the Winslow Township Police or Township of Winslow to display pictures/video of their children to be used for future lawful purposes. The Winslow Township Police Department agrees to provide a safe environment and quality instruction at all times while trying to introduce cadet's to the initial phases of a career in policing.**

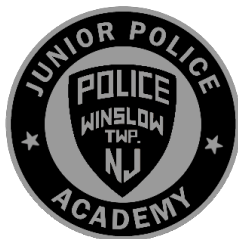
The parent/guardian is hereby requesting that their child be accepted into the Winslow Township Junior Police Academy.

**I hereby agree to having read and understanding the content of this document.**

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian printed name \_\_\_\_\_

Witness signature/badge # \_\_\_\_\_



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## **DISCLAIMER AND WAIVER OF LIABILITY**

The Winslow Township Junior Police Academy is provided as a public service by the Winslow 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 canine 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.

## **RESTRICTIONS OF LIABILITY**

The Winslow 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, recommendations, or favoring by the Winslow Township Police Department.

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**Participants Name / Age**

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**Parent / Guardian Name      Print**

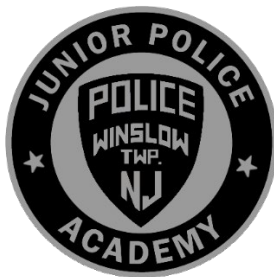
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**Date**

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**Parent / Guardian      Signature**





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## **LIABILITY RELEASE FORM**

*(Please Print)*

I, the undersigned, (*Parent's Name*) \_\_\_\_\_ residing  
at (*Address*) \_\_\_\_\_, State of NJ,  
being the parent or legal guardian of (*Participant's Name*) \_\_\_\_\_,  
do hereby give my permission for him/her to attend the Winslow Township Junior Police  
Academy (WTJPA) and in consideration of allowing him/her to participate in the above mentioned  
program.

Voluntarily and knowingly I assume all risks and hazards incidental to such participation and shall indemnify, save harmless and defend the Winslow Township Junior Police Academy and the Township of Winslow, its employees, agents, volunteers and others working on behalf of the Township, from and against any and all claims, losses, costs, attorney's fees, damages, or injury including death and/or property loss, expense claims or demands arising out of the APPLICANT'S participation in the WTJPA release and discharge the Junior Police Academy, Township of Winslow, Camden County, the Winslow Township Police Department's employees, agents, successors, assigns and all others who may be liable from all claims, present and future, known or 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 Winslow 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 Winslow 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 the supervision provided on my behalf and on behalf of (*Participant's Name*) \_\_\_\_\_. I hereby agree to hold the Winslow Township Police Department, Township of Winslow 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 Winslow and Winslow Township Police Department has my permission to send him/her home.

I agree to allow the Winslow Township Police or Township of Winslow to display pictures/video of my child to be used for future lawful purposes.

\_\_\_\_\_  
**Signature of Parent or Guardian**

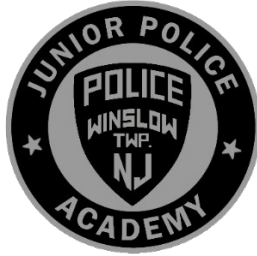
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Work or Cell Phone**

**Subscribed and sworn to before me this \_\_\_\_\_ day of 20\_\_\_\_\_.**



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## Medical Waiver and Information

Parent/Guardian does your child have any medical condition or pre-existing injuries that might be helpful for the instructors to know before or during the time they are attending the Winslow Township Junior Police Academy? (Examples include but are not limited to the following: allergies, asthma, diabetes, sprains, muscular issues, and/or any other physical or mental issues that may need to be considered during the training)

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

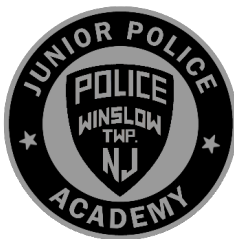
List any medications your child may be taking or need during the summer time Junior Police Academy.  
NOTE: The police will **NOT** assist the cadet with taking their medication. \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian by signing this form you give permission of any and all medical attention necessary to be administered on behalf of your child in the event of an accident, injury, sickness, etc., until such time as a parent/guardian can be contacted and respond to take custody of the child. I also assume responsibility for the payment of any such treatment to include but not limited to ambulance and hospital services.**

Parent/Guradian signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_



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### **PHOTOGRAPH RELEASE FORM**

Today's Date: \_\_\_\_\_

I hereby grant the Winslow 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 Winslow Township Police Department and will not be returned.

I hereby irrevocably authorize Winslow Township Police Department to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing events and activities administered by the Winslow 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 Winslow 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Parent/Guardian Signature

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