



**RAHWAY POLICE DEPARTMENT
JUVENILE BUREAU**

ONE CITY HALL PLAZA
RAHWAY, NJ 07065
(732) 669-3612
FAX: (732) 340-0947

YOUTH ACADEMY APPLICATION July 6th to July 10th, 2015

Please fill out the following form to reserve a space in the 2015 Rahway Police Department Youth Police Academy. **Please type or print legibly! You must submit a copy of your child's most recent report card with this application. Incomplete applications will not be accepted!**

Applicant's Full Name: _____

Have you previously attended the Youth Academy? _____ If so, what year? _____

Birth Date: ___/___/___ Age: _____ Male: _____ Female: _____

Home Address: _____

Home Phone #: _____ School attending: _____

Applicant's Email address: _____

Grade in September: _____

Parent / Guardian's Name: _____

Parent / Guardian email address: _____

Day Time Phone of Parent / Guardian: _____

Alternate Contact Number (cell /work phone) _____

Applicant Shirt Size: XS, S, M, L, XL, XXL (adult sizes only)

(Please circle one size)

Additional shirt order: _____ (X) \$10 = _____ (cash only – submit with this application)

(The first tee shirt is provided free of charge. We encourage participants to purchase at least one additional shirt to use during the program, as the participants WILL be exercising for several hours each day.

Additional t-shirts are \$10 each, and must be paid for at the time of application. Cash only!!

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Emergency Contact Information

The following designated individuals may act on behalf of the parent / guardian in case of emergency where the parent / guardian cannot be reached. This information must be filled out before your child can participate in the Youth Academy programs.
Thank you for your anticipated cooperation.

1. Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Day Time Phone Number _____

Alternate Contact Number _____



2. Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Day Time Phone Number _____

Alternate Contact Number _____

Rahway Police Department EMERGENCY MEDICAL TREATMENT FORM

TO: EMERGENCY ROOM MEDICAL STAFF

My son/daughter, _____, has my permission to participate in the Rahway Police Department Youth Academy.

In the event of an illness or injury to my son/daughter while participating in this activity, I consent to X-ray examination, anesthesia, medical or surgical diagnostic treatment or procedures that are considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I also give my consent for the attending physician to prescribe and administer any necessary medication needed in the event of a medical emergency.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Our family physician is: _____

Address: _____

Phone# _____

Medical Coverage (company Name) _____ Exp. Date _____

Policy Number: _____

Telephone Number that I can be reached at in case of emergency: () _____

Parent/ Guardian Signature

Date

Please print name

Address

Special medical problems, allergies and/or prescribed medications (please print)



Release Youth Police Academy

The undersigned does hereby understand and agree that the Rahway Police Department Youth Police Academy is not intended to produce civilians trained in law enforcement but rather to help increase the awareness and appreciation of law enforcement and our organization.

The undersigned does further understand and agree to hold the City of Rahway, the Rahway Police Department and all the instructors of this Youth Police Academy, blameless for any unforeseen injuries that may occur. All reasonable precautions have been built into the course and safety of the participants is our primary concern.

Print Name of Academy Participant

Please list any medical conditions that may preclude your child from participating in academy events. Please list all allergies and medications:

Date _____

Print Name of Parent/ Guardian _____

Signature of Parent/Guardian _____

Phone number where you may be reached during this event:

The Gateway Family YMCA Rahway Branch

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Hold Harmless Agreement

Personal Information

Participant Last Name _____ First Name _____ Date of Birth _____
Address _____ City _____ State NJ Zip _____

Emergency Contact Name _____ Emergency Contact Phone # _____

Relationship to Participant _____ Dates of Session: July 2015

I hereby give my permission for the Participant to participate in the referenced activity. I know of no health, physical or mental reason why the Participant should not be able to participate in the activity. I hereby agree to indemnify, hold harmless and release and covenant not to sue the YMCA, its owners, employees, officers, directors, representatives or agents from any and all present and future claims resulting from ordinary negligence and inherent risk of the use of the facilities and equipment of the YMCA including but not limited to any loss, injury, damage or liability sustained by the Participant on or about the premises of the YMCA as a result of the Participant participating in the activity.

Any Participant under the age of 18 years must have a parent or guardian sign this form prior to participating in activities.

Print Name of Parent (or legal Guardian)

Address

Signature of Parent (or legal Guardian)

Date