Bloomingdale Police Department
2022 JUNIOR ACADEMY APPLICATION

APPLICANT:

Name:_____ **Male**_____ **Female**_____

Address:_____

Home Phone#_____ **Age**_____

School Attending:_____ **Grade (Sept. 2022)**_____

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

PARENTS/GUARDIANS:

Mother/ Guardian #1 Name:_____

Address:_____

Home Phone#_____**Cell Phone#** _____

E-Mail Address:_____**(Only used for academy information)**

Father/ Guardian #2 Name:_____

Address: ☐*SAME AS ABOVE* _____

Home Phone#: ☐*SAME AS ABOVE* _____**Cell Phone#** _____

E-Mail Address:☐ *SAME AS ABOVE* _____**(Only used for academy information)**

ALTERNATE EMERGENCY CONTACT :

Name:_____**Relationship**_____

Address:_____**Contact Phone #**_____

DID APPLICANT ATTEND JUNIOR ACADEMY LAST YEAR? YES NO

APPLICANT STATEMENT:

Complete the following question. Use complete sentences and PRINT NEATLY.

REASONS WHY YOU WANT TO ATTEND THE BLOOMINGDALE POLICE JUNIOR ACADEMY.

_____

_____

_____

_____

_____

_____

_____

_____

_____Date_____

Signature of Applicant

_____

Name of applicant (Print)

MEDICAL QUESTIONNAIRE :

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS (ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL)

Family Physician:

NAME:_____ **OFFICE PHONE:**_____

ADDRESS:_____

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

_____

_____

2. Is your child taking medications? If yes, what and how administered.

_____

_____

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

_____

_____

4. Does your child have hypertension? If yes, taking medication?.

_____

_____

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

_____

_____

6. Has your child ever suffered from heatstroke ?If yes, please explain.

_____

_____

7. Are there any medical conditions or disabilities that may affect your child during this event? (ex. asthma, bee stings, etc.) If yes, please explain.

_____

_____

_____

_____

MEDICAL QUESTIONNAIRE *(Con't.)*

8. Does your child have any learning disability? **(We want to make this learning experience enjoyable for all!)**

_____

_____

PARENTS/GUARDIANS:

I understand that this health questionnaire is true and that my child_____ is able to participate in the ***BLOOMINGDALE POLICE JUNIOR ACADEMY****. I further grant permission for my child to participate in all physical activities to be held by the* ***BLOOMINGDALE POLICE JUNIOR ACADEMY.***

Signature Parent/Guardian _____Date:_____

Print Name_____

DRESS CODE:

This academy has been developed to give each student the best possible learning experience. Therefore it is necessary that students present themselves in a neat and well-groomed manner. An academy t-shirt and baseball cap will be issued that must be worn. Students will wear clean black shorts (not supplied) and sneakers **(NO FLIP FLOPS)**. Hair must be kept neat and not a distraction to other students. Wearing of jewelry is prohibited with the exception of a wristwatch. A list of items to be brought to the academy is attached and **must** be brought each day.

STUDENT BEHAVIOR CONTRACT:

The purpose of this contract is to inform the student that he/she must comply with all provisions of the Bloomingdale Police Junior Academy and to the specific terms set forth in this contract. The student understands that due to the nature of this academy there will be "zero tolerance' rules in effect. Undesirable conduct such as dangerous horseplay, bullying, or rude behavior to fellow students, or a violation of the student code of conduct will result in removal of the student from the academy. This contract is in effect for the safety of all students and the maintenance of discipline and order. This signature represents an agreement by the student that he/ she received a copy of the Code of Conduct, and the student agrees to adhere to this code of Conduct at all times, at home, in school and at the academy.

_____ _____

Signature of Parent/Guardian **Date**

_____ _____

Signature of Student **Date**

HOLD HARMLESS AGREEMENT

I, THE UNDERSIGNED PARENT/GUARDIAN RESIDING AT_____,

Borough of Bloomingdale, State of New Jersey, do hereby give my son/daughter permission to attend the Bloomingdale Police Department Junior Police Academy and in consideration of allowing him/her to participate in the above named program I voluntarily and knowingly release and discharge the Bloomingdale Junior Police Academy, Bloomingdale Police Department, Borough of Bloomingdale, Bloomingdale Board of Education, Salvation Army, and all 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 and transportation 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 of the above evidenced by my signature.

I also acknowledge that the Bloomingdale Police Department will take academy pictures throughout the week that may include my child and same may be put into the newspapers for Junior Academy achievement articles.

(Note: A Class Photo will also be taken and given to the students upon graduation.)

Parent/ Guardian Signature_____

Date_____

CODE OF CONDUCT

1. There will be no use and or possession of tobacco products, alcohol or drugs on academy/school property. Anyone found to be in violation of this code will be immediately dismissed and appropriate actions will be taken.
2. Academy will commence promptly at 0800 Hours for formation each day. It is suggested that Cadets arrive at 0745 Hours.

   Parents/Guardians can pick up students at the designated location at 1 pm.
3. Students are required to adhere to all academy rules and regulations, policies and procedures.
4. Students are required to follow the directions and orders of the academy staff, for their own safety at all times. No students will leave the classrooms, fitness areas, or academy grounds without the express permission of 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 students will stand at attention with their arms at their sides.
8. All students will answer the instructors, guest speakers, and adults at the academy With "Yes Sir/Ma'am" or "No Sir/Ma'am"
9. STUDENTS WILL CONDUCT THEMSELVES IN A PROFESSIONAL MANNER AT ALL TIMES.

BLOOMINGDALE POLICE DEPARTMENT

973-838-0158

Parent Permission for Academy Cadet to Participate in Day Field Trips

Dear Parent/Guardian:

A JUNIOR ACADEMY related field trip has been planned for: June 29th.
Date

To Destination to be determined. We will leave from the POLICE DEPARTMENT at
Destination

_____, and return at approximately _____ .
Time

We will be traveling by bus. The cost of this trip has been included in the Academy Entrance Fee.

Special Instructions to Parents

I, THE UNDERSIGNED PARENT/GUARDIAN _____,

do hereby give my son/daughter permission to attend the Bloomingdale Police Department Junior Police Academy and in consideration of allowing him/her to participate in the above named field trip. I voluntarily and knowingly release and discharge the Bloomingdale Junior Police Academy, Bloomingdale Police Department, Borough of Bloomingdale, Bloomingdale Board of Education, Salvation Army, First Student, and all 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 and transportation in the Junior Police Academy.

Permission **(Circle one)** is is not granted for my child,

_____ to participate on the field trip to _____
Student's Name Destination

on _____.
Date of Trip

_____
Signature of Parent/Guardian