

# Township of Maplewood Police Department

## MAPLEWOOD JUNIOR POLICE ACADEMY

**Dear Parent/Guardian:**

Thank you for your interest in the **Maplewood Junior Police Academy**, which will be held at Columbia High School on August 26 – 30 from 9:00am - 2:00pm. A graduation ceremony will be held on Friday August 30th at Townhall.

Applications will be accepted on a first come/first served basis. **Applications will not be accepted without the application fee of \$75.00 and a doctor's note. The deadline for the application process is Friday June 1, 2019. To drop off an application please contact Det. Steve Gyimoty to make an appointment ([sgyimoty@twp.maplewood.nj.us](mailto:sgyimoty@twp.maplewood.nj.us)) or 973-761-7923.**

The application fee of \$75.00 will cover the Uniform Package: T-shirt, Baseball Hat, water bottle, tote bag. The fee is payable **ONLY** by cash or money order. No personal checks will be accepted.

As part of our application process, we request that you and your child complete this application packet together.

### **REQUIREMENTS:**

1. The child must be a resident of the Township of Maplewood
2. The child must be in 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade for the 2019 academic year
3. The child must not have any conduct or disciplinary problems which would preclude him/her from successful participation in the Academy.
4. The child **MUST** have a current note from their doctor medically clearing them to participate in all aspects of the Academy. All considerations will be made for any child who may need a modification due to a medical condition with advanced notice.

### **WHAT TO BRING IN THE TOTE BAG:**

- A healthy lunch
- Snack
- Sun block- optional

- Medication if needed (dosage and administration must be noted by a doctor)
- If recruit wears glasses have a strap for them

**RULES OF CONDUCT:**

- Any infractions of the Rules will result in dismissal and a Parent or Guardian will have 30 minutes to pick up the child
- There will be **NO** electronic devices permitted in the Academy
- Cell phones will be allowed but will be turned off and stored during class
- No jewelry is to be worn except for medical ID or Religious in nature
- There will be **NO** profanity used/tolerated
- There will be **NO** fighting tolerated
- **Recruits are required to shower every day**
- **\*\*Uniforms, Deodorant, Clean Clothes are a must\*\***
- Recruits are asked to have their hair cut and neat
- Recruits with long hair will be required to wear a pony tail
- All recruits will refer to the Instructors as Sir or Ma'am
- Sneakers only, No sandals, flip flops, shoes or boots permitted
- White or black socks- No colored socks
- **Recruits must be picked up immediately after the Academy**
- **Parents: Please be on time\*\*\* If time of pick up changes Parents will be notified in advance**
- Recruits will only be allowed to walk home or use mass transit, with a note from the Parent/Guardian

**Recruit Name (printed):** \_\_\_\_\_

**Recruit Signature:**\_\_\_\_\_

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

**Parent/Guardian Name (printed):** \_\_\_\_\_

**Signature of Parent/ Guardian:**\_\_\_\_\_

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

# **MAPLEWOOD JUNIOR POLICE ACADEMY**

## **Background Review**

The Maplewood Junior Police Academy will need a parent and/or guardian to permit a background review before each recruit is officially accepted. The refusal to allow for a background review may exclude the recruit from participating in the Junior Police Academy. We require a background review due to the sensitivity and confidentiality of some of the material each recruit will be privileged to. All information obtained will be confidential and available to law enforcement personnel only. Nothing found within the background review will be made public and will be for our “in house” purposes only. All information received is considered confidential and will not be distributed.

By signing below, I represent that I am the primary parent/ guardian of \_\_\_\_\_ and that I give full permission for the Maplewood Police Department to conduct a full background review on my son/daughter. I understand by signing this document I am allowing the aforementioned to check the available local databases, juvenile criminal history databases, any jurisdiction in which my child has resided or has attended school, speak with school officials regarding disciplinary issues, and any other means necessary. I furthermore do not hold the Maplewood Junior Police Academy or any member of the aforementioned departments or schools liable for accessing this information.

**Name of Recruit**

**Printed:** \_\_\_\_\_

**Name of Parent/Guardian**

**Printed:** \_\_\_\_\_

**Signature of**

**Parent/Guardian:** \_\_\_\_\_

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

**MAPLEWOOD JUNIOR POLICE ACADEMY**

**CONTACT INFORMATION:**

**Recruit:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Full Primary Residence: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Email: \_\_\_\_\_

**Mothers Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Family Physician:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

**Recruit Name:** \_\_\_\_\_

**Parent/ Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

**MAPLEWOOD JUNIOR POLICE ACADEMY:**  
**PHOTOGRAPHY & VIDEO RELEASE FORM**

I hereby grant permission to the rights of my child's image, likeness and sound of their voices as recorded on audio or video tape without payment or any other consideration. I understand that it may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein their likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording.

Photographic, audio or video recording may be used for the following purposes:

- Conference presentations
- Educational presentations or courses
- Informational presentations
- On-line educational courses
- Educational videos

By signing this release I understand this permission signifies that photographic or video recordings of my child and that it may be electronically displayed via the internet or in the public educational setting. I will be consulted about the use of the photographs or video for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the Maplewood Junior Police Academy. By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

**Recruit Name:** \_\_\_\_\_

**Parent/ Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

## **MAPLEWOOD JUNIOR POLICE ACADEMY**

### **WHAT WE EXPECT:**

- All recruits are expected to be courteous, respectful of instructors and other recruits and exhibit a willingness to learn and participate in activities
- All recruits are expected to do one proper push up
- All recruits are expected to do at least 2 sit ups with arms crossed
- All recruits should be able to participate in a light run
- All recruits must be on time (which is 10 min early)
- All recruits must be in FULL UNIFORM (See Uniform Package)
- Have your name written on the inside of your hat and on your water bottle
- All recruits must eat a healthy breakfast otherwise they may become ill from the physical exercises.
- All recruits are expected to “SOUND OFF” (Speak Loudly when speaking)
- All recruits will be expected to say the Pledge of Allegiance
- All recruits will be required to learn basic marching & cadence\*\*

**\*\*Helpful video link [https://www.youtube.com/watch?v=IR\\_UJfIXoUs](https://www.youtube.com/watch?v=IR_UJfIXoUs)**

**When the application is completed please email the below officers to set up an at home interview.**

**Det. Steven Gyimoty: [sgyimoty@twp.maplewood.nj.us](mailto:sgyimoty@twp.maplewood.nj.us)**

**Recruit Name:** \_\_\_\_\_

**Parent/ Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

**MAPLEWOOD JUNIOR POLICE ACADEMY:**

**CHECKLIST**

- **All forms have been completed in their entirety, including all required signatures and dates**
- **Medical clearance note from Physician**
- **I understand that my child must bring with him/her a non-perishable lunch and beverage to the Academy each day that he/she participates**
- **If my child travels to the Academy by bicycle or similar, I understand that my child is responsible for the securing of same.**
- **I understand that only children that apply and are accepted into the Academy shall be allowed to attend. I understand that my enlisted child's siblings/friends are NOT ALLOWED to accompany my child to the Academy.**
- **I understand that, in order for my child to successfully complete the Academy, he/she must, attend each day for the duration of the Academy. I have noted that exceptions may be made on a case by case basis.**
- **Once I submit the complete attached, I understand that it will be evaluated by the Academy and will be deemed either approved or denied. I further understand that I will be notified of the Academy's determination by written notice forwarded to my residence via regular email.**

**Good Luck!**

**Recruit Name:** \_\_\_\_\_

**Parent/ Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_



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

**MAPLEWOOD JUNIOR POLICE ACADEMY:**

**MEDICAL QUESTIONNAIRE**

**1. Is your child sick? If yes, please explain his/her condition:**

\_\_\_\_\_  
\_\_\_\_\_

**2. Is your child currently under the care of a physician? If yes, please provide physician's name, address and telephone number.**

\_\_\_\_\_  
\_\_\_\_\_

**3. Does your child have any allergies?**

\_\_\_\_\_  
\_\_\_\_\_

**4. Has your child ever been hospitalized? If so, for what and when?**

\_\_\_\_\_  
\_\_\_\_\_

**5. Does your child have high blood pressure? \_\_\_\_\_**

**6. Does your child suffer from any heart problems?**

\_\_\_\_\_  
\_\_\_\_\_

**7. Has your child ever suffered from exhaustion or heatstroke?**

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**8. Are there any medical problems or disabilities that may affect your child during this program?**

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**9. 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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**10. If your child should become ill/injured and need attention, what hospital is preferred?** \_\_\_\_\_

**\*\*\*Keep in mind that all reasonable attempts will be made to contact a parent/guardian or emergency contact person before anything is done. However, should your child become hurt/injured and we are unable to make contact, please sign here to consent to the rendering of medical treatment to your child:** \_\_\_\_\_

**I represent that the health history statement is true and that my child is able to participate in the Maplewood Junior Police Academy. I further grant permission for my child to participate in all physical activities to be held at the Maplewood Junior Police Academy.**

**Name of Parent/Guardian**

**Printed:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

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

**Signature of Applicant:** \_\_\_\_\_

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

**Township of Maplewood  
Police Department**

**MAPLEWOOD JUNIOR POLICE ACADEMY**

**Monday, August 26 – Friday, August 30**

**EMERGENCY MEDICAL TREATMENT FORM**

To Emergency Room Medical Staff:

My son/daughter, \_\_\_\_\_, has my permission to participate in the Maplewood Police Department Junior Police Academy.

In the event of 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 judgement of the attending physician and performed by or under the supervision 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.

**FAMILY PHYSICIAN INFORMATION**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

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

Please list all medical conditions, medications, and allergies that your child may have:

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

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

**Township of Maplewood  
Police Department**

**MAPLEWOOD JUNIOR POLICE ACADEMY**

**Monday, August 26 – Friday, August 30**

**RELEASE OF LIABILITY**

I, \_\_\_\_\_ the undersigned Parent/Guardian of  
**Print Full Name**

\_\_\_\_\_ residing at \_\_\_\_\_,  
**Print Full Name** **Print Full Address**

Maplewood, NJ do hereby give my son/daughter permission to attend the Maplewood 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 Junior Police Academy, the Maplewood Police Department, the Township of Maplewood, 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 manner arising out of his/her participation in the Junior Police Academy program.

The participant will have the opportunity to run an agility course, tour the Maplewood Police Department, and may be viewing demonstrations from the K-9 unit and Bomb Squad.

This Hold Harmless Agreement is a testament to my understanding of the above evidenced by my signature.

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

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