

## APPLICATION/INTRODUCTION

### JUNIOR PUBLIC SAFETY ACADEMY: July 13-17, 2009

Dear Parent/Guardian:

In order to qualify for participation in the Academy, your child must meet the following requirements:

1. Be a resident of the Township of Orange.
2. Be between the ages of 12 and 15 years old by June 1<sup>st</sup>, 2009.
- 3. Proof of up to date immunizations.**
4. The child must have at least a "C" grade average in school. A less than "C" average may not automatically disqualify the child. Exceptions may be made for just cause. Please attach a copy of your child's report card to this application, if available.
5. The child must not have any conduct or disciplinary problems, which would preclude him/her from successful participation in the Academy.

**Please complete the following parts of the application packet and submit it to the Orange Police Department, 29 Park Street, Orange, New Jersey 07050, no later than June 12<sup>th</sup>, 2009.**

1. Junior Police Academy Assumption of Risk Indemnity Agreement and Covenant not to Sue.
2. Junior Police Academy Medical Questionnaire
3. Junior Police Academy Participant Agreement/Release.
4. Junior Police Academy Checklist.
5. Junior Police Academy Essay.

All information supplied must be true and correct, all rules must be followed and all signed Agreement forms must be observed. If you or your child chooses not to comply, immediate dismissal from the program will occur. In addition, please note that any incomplete forms will deem this application packet to be unacceptable.

If you have any questions or require additional information regarding the application packet or the Junior Police Academy, please contact (973) 266-4111 x5061

Thank you



Signature of Parent / Guardian

Signature of Applicant

Date

Date

<p><b>JUNIOR PUBLIC SAFETY ACADEMY: ASSUMPTION OF RISK INDEMNITY AGREEMENT AND COVENANT NOT TO SUE</b></p>
--

I, \_\_\_\_\_, have requested that the Orange Police Department to allow my child \_\_\_\_\_ to participate in the Junior Public Safety Academy. I am fully aware of the inherent risks associated with my child's participation in the Junior Public safety Academy, which include, but are not limited to bodily injury, physical and emotional disability, death, and property damage. Understanding these risks, it is still my decision to allow my child to participate in the Junior Police Academy and in consideration of the Police Department allowing my child to participate, I assume full responsibility for such risks. I agree that neither I nor my legal representative, heirs, and assigns, will hold the City, its officials or agents, responsible for any injuries, disabilities, physical and mental diseases, death property damage, or loses and expenses of any nature whatsoever that my child may sustain as a result of my child's participation in the Junior Police Academy, whether caused by the negligence of the Township and County, its officers, employees and agents or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the Township, Orange Board of Education, The County of Essex, Essex County College Police Academy, Essex County Department of Public Safety, Essex County Sheriff's Department, its officers, employees and agents, and any other unnamed agencies or individuals participation from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charged to, or recovered from or sought to be recovered from the Township, its officials, employees and agents, as a result of my child's participation in the Junior Police Academy.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of The State of New Jersey, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. I further understand that permission for my child to participate in the Junior Public Safety Academy is granted subject to the rules and regulations of the Police Department and such permission may be restricted or revoked entirely by the Police Department in its sole discretion.

Signature of Parent / Guardian

Signature of Applicant

Date \_\_\_\_\_

Date \_\_\_\_\_

## Junior Public Safety Academy: **MEDICAL QUESTIONNAIRE**

1. **Is your child sick? Please explain.** \_\_\_\_\_  
\_\_\_\_\_
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? Please explain.** \_\_\_\_\_  
\_\_\_\_\_
4. **Has your child ever been hospitalized? Please explain.** \_\_\_\_\_  
\_\_\_\_\_
5. **Does your child have high blood pressure?** \_\_\_\_\_
6. **Does your child suffer from any heart problems? Please explain.** \_\_\_\_\_  
\_\_\_\_\_
7. **Has your child ever suffered from exhaustion or heatstroke?** \_\_\_\_\_
8. **Are there any medical problems or disabilities that may affect your child during this program? (Please explain if your child requires special care, i.e. wheelchair ramp, hearing impaired, etc.)** \_\_\_\_\_  
\_\_\_\_\_
9. **Does your child have a learning disability? (We want to make this experience memorable and this knowledge will help us do that) Please explain.** \_\_\_\_\_  
\_\_\_\_\_
10. **If your child should become ill and need attention, what hospital should be used?** \_\_\_\_\_  
\_\_\_\_\_

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

*I understand that the health history statement is true and that my child is able to participate in the **ORANGE JUNIOR POLICE SAFETY ACADEMY**. I further grant permission for my child to participate in all physical activities to be held at the **JUNIOR PUBLIC SAFETY ACADEMY**.*

\_\_\_\_\_

Signature of Parent / Guardian

Signature of Applicant

Date

Date

**Junior Public Safety Academy: PARTICIPANT  
AGREEMENT / RELEASE**

I hereby agree that the Orange Police Department may use and/or record on film, tape or otherwise my name, likeness, image and/or voice; my on-camera interview (s) and performance and any other material provided by me (e.g., biographical material, photographs, videotapes, film prints, artwork, contact information, etc.). I acknowledge and further agree that Junior Public Safety Academy shall exclusively own all rights (right to edit and/or alter) and the right to use said recordings to promote, publicize or market the Academy, at the complete and sole discretion of the Orange Police Department. In addition, I also agree as follows:

1. I represent, warrant that I have the full right, power and authority to grant the rights granted herein. I am familiar with the nature of the Academy.
2. I have been informed and I fully understand that any advice given to me on or in connection with the Academy if for informational purposes only. Should I follow all or any part of such advice, I shall do so entirely at my own risk.
3. I understand and acknowledge that all travel in connection with my participation in the Academy will be at my sole responsibility, risk and expense.
4. I hereby agree to indemnify the Orange Police Department and hold them harmless from all liability claims and actions caused during the Academy.
5. I affirmatively represent and warrant that I am mentally capable of entering into the Academy. I am not suffering from any mental or physical deficiency or affliction, and I am not taking any drugs or medication, which would impair my judgment or render me unable to enter into the Academy.

I acknowledge that I have carefully read the foregoing, that I understand it, that I was given the opportunity to ask questions about it and that I knowingly consent to all of the terms therein.

Signature of Parent / Guardian

Signature of Applicant

Date

Date

## Junior Public Safety Academy: CHECKLIST

\_\_\_\_\_ All forms have been completed in there entirely, including all required signatures and submitted to the Orange Police Department by June 27<sup>th</sup>, 2008.

\_\_\_\_\_ The completed essay on why you would like to participate in the Academy.

\_\_\_\_\_ A copy of my child's most recent report card is attached to the application.

\_\_\_\_\_ 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 means of transportation, I understand that my child is responsible for the securing his or her property.

\_\_\_\_\_ 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 completed application, 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 mail.

Think positive



