



JUNIOR POLICE ACADEMY

Parsippany Police Department

Instructions



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- This year's recruit class is limited to 40 children. The first 40 completed applications that are turned in at police headquarters will be accepted to this year's program. All other applicants will be placed onto a waiting list should any accepted recruits decide not to participate.
 - All pages of the application must be filled out completely and truthfully.
 - This includes the Application, Medical Waiver/Release and the Authorization and Release forms. Any application that contains false information or is not filled out completely will be disqualified.
 - All completed applications must be returned to the Parsippany Police Department in person, on or before Friday, April 26, 2018.
 - Checks of \$75 will be collected upon acceptance to the Junior Police academy on or before orientation night June 1, 2018
 - If you have any questions regarding the Junior Police Academy or the application packet, please contact:

Lt. Keith Lefferts: 973-263-7086



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Parsippany Police Department

Application



The following information is requested of all prospective participants in the 2018 Parsippany Police Department's "Junior Police Academy" program. Any false or misleading information could exclude the applicant from participating in this program.

Recruit's Name: _____
Last First

Date of Birth: ____/____/____ Age: _____ M/F: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

T-shirt Size: S M L XL (adult sizes only) Shorts Size: S M L XL (adult sizes only)

Parent/Guardian: _____

Parent/Guardian Phone Number: _____

Parent/Guardian E-mail: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Work: _____

Cell Phone: _____

Briefly describe why you wish to participate in the Junior Police Academy program: _____

Signature of Parent/Guardian: _____



JUNIOR POLICE ACADEMY
Parsippany Police Department
Authorization and Release



The undersigned parent/guardian, understanding all activities and requirements, requests the opportunity and privilege to have my child participate in the Parsippany Police Departments Junior Police Academy.

The undersigned agrees to have their child obey any and all directives or orders of any member of the Parsippany Police Departments while he/she is engaged in any and all activities relating to the Junior Police Academy, as well as strictly adhere to any departmental safety rules and/or regulations.

I further acknowledge that the privilege of participating in this program may be rescinded at any time during the course of the Junior Police Academy as a result of improper behavior or other factors that may be detrimental to the safety or wellbeing of any other participants or instructors, and the decision to rescind this privilege is in the sole and absolute discretion of the police officers involved.

The undersigned certifies that their son/daughter is between the ages of eleven and fourteen; that all of the information contained in this application is correct and truthful to the best of my knowledge; that I have read the above instructions and agree to abide by these regulations; and that I have signed this authorization and release of my own free will.

Parent/Guardian Name: _____

Signature

Date

The undersigned also understands that the Junior Police Academy generates interest from the news media, both print and televised, and authorizes the release of my child's name and image for use in any news media story relating to the Junior Police Academy. I also authorize the release of my child's name and image for use in any and all presentations or other media to be used for or by the Parsippany Police Departments regarding this program.

Parent/Guardian Name: _____

Signature

Date



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Medical Waiver/Release



Please fill out the following requested information completely. Also, please print all answers clearly. Any false, incomplete or illegible information may exclude the applicant from participating in this program.

Does your child suffer from any medical conditions: _____
If yes, please explain.

Does your child suffer from seasonal or other allergies: _____
If yes, please explain.

Does your child require any medication on a daily or emergent basis? _____
If yes, please explain.

Are there any other special needs that the staff of the Junior Police Academy should be aware of?

I, the parent/guardian of _____ states that the above health history information provided to the Parsippany Police Department is true and that my child is physically able to participate in the Junior Police Academy.

I, the undersigned parent/guardian, also hereby releases and forever discharges the Parsippany Police Department and all of its officers, the Parsippany Police Athletic League, and any other agents or employees of participating agencies, from all claims and causes of action as a result of personal injuries, damages or other losses of any nature whatsoever, which may result or occur at any time while the child of the undersigned is participating in any of the activities of the Junior Police Academy. I further understand that any and all medical costs related to any injuries will be the responsibility of my family's own medical insurance company.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date _____



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Parsippany Police Department



Photo/ Video Release

The Parsippany Police Department requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your child has participated in the Parsippany Police Junior Police Academy. Your authorization will enable us to use the photographs and video footage taken during the Junior Police Academy program to promote the program through the use of mass media, displays, brochures, websites, etc.

- I, as a parent or guardian of the below-named Academy Recruit, fully authorize and grant the Parsippany Police and its authorized representatives the right to print, photograph, record, and edit as desired, the name, image, likeness, and/or voice of the below-named Academy Recruit on audio, video, film, slide, or any other electronic and printed format currently developed for the purpose stated or related to the above.
- I understand and agree that the use of such photographs and video will be without any compensation to the Academy Recruit or the Academy Recruit's parent or guardian.
- I understand and agree that the Parsippany Police and/or its authorized representatives shall have the exclusive right, title, and interest, including copyrights, of such photographs and video recordings.
- I understand and agree that the Parsippany Police and/or its authorized representatives shall have the unlimited right to use the photographs or videos for any purpose stated or related to the above.
- I hereby release and hold harmless the Parsippany Police and its authorized representatives from all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the Academy Recruit and/or parent or guardian which relate to or rise out of any use of these photographs or videos as specified above.
- The Parsippany Police will not release any personally identifiable information without prior consent of the Academy Recruit's parent or guardian.

I have read and understand the contents of this Parental/Guardian Consent for Photograph & Audio-Visual Release Form and I am signing voluntarily.

_____ Recruit Name	_____ Recruit Signature	_____ Date
_____ Parent Name	_____ Parent Signature	_____ Date