

# $City\ of\ Burlington\ Police\ Department$

525 High Street, Burlington, NJ 08016

&

# Edgewater Park Twp. Police Department

400 Delanco Rd, Edgewater Park, NJ 08010



Brett V. Evans Chief of Police

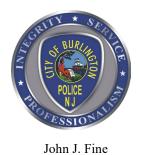
John J. Fine Chief of Police

Date

#### **REGISTRATION FORM**

applicable, pleas	e put N/A for the answer. An applic mpted to practice, any deception or fr	cant who intention	onally makes a fa	alse st	atemer			
Child's Name:	attempted to practice, any deception or fraud in this application, will be rejected.							
Phone:	Date of Birth:		Adult T-shirt	S	M	L	XL	XXL
Parent's Name:								
Phone:	Home:							
	Work:							
	Cell:							
Address								
(if different)								
Emergency conta	act if parents cannot be reached (Nam	e, Address. Phon	e)					
Are there any me (Please be specif	edical issues, allergies, behavioral issu ic)	ues, or dietary res	strictions, which	we sho	ould be	e aware	of?	
Physician's name	e, address, and number:							
Child's Health In	surance Carrier:							
of Burlington/Ed program, I reques that during the co	n the parent/legal guardian of the aford gewater Park Twp. Youth Police Aca st that measures be instituted without burse of these events video recorders a ing and/or public awareness purposes.	demy. In the evolution delay as the judgand cameras will	ent of illness or a gment of medical be present and s	ccider perso uch pl	nt in the nnel di notos a	e course ctate. I	e of this I am also ecordings	aware s will

Signature of Parent/Guardian



Chief of Police

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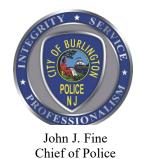
#### YOUTH POLICE ACADEMY APPLICATION FORM

Name:			
Last	First		MI
Address:			
Street	City		Zip
Date of Birth:	_		
Email Address:		Sex:	Race:
Driver's license #:		State:	Exp:
Home phone:	Work phone:		
Place of Employment:			
Address:			
Current School:			
Current GPA:			
Parent/Guardian Name(s):			
Sibling(s) Name(s) and Date of Birth:			

	e you ever been arrested, charged or convicted of any crime or offense other than minor traffic offenses? If please explain in detail and include what action was taken against you:
Nam	e, address and phone numbers for two adult character references who are not related to you:
1	
_	
2	
<b>_</b>	

Write a short Essay about how you heard about the Youth Police Academy and why you wish to attend. (Attach a separate sheet if needed)			

All applications are subject to a background investigation inclusive of criminal history, police contacts, school discipline, attendance, and personal references. The City of Burlington/Edgewater Park Twp Police Department reserves the right to determine an applicant's participation in the Youth Police Academy.				
APPLICANT SIGNATURE	DATE 			
PARENT/GUARDIAN SIGNATURE	DATE			



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### CITY OF BURLINGTON/EDGEWATER PARK TWP YOUTH POLICE ACADEMY LIABILITY WAIVER FORM

I,PRINT PARENT/GUARDIAN NAME	, the undersigned, being the lawful parent or
guardian ofPRINT NAME OF CHIL	, hereby give permission and
Edgewater Park Police Department Permission is granted to have my son	to participate in the City of Burlington and the Township of joint Youth Police Academy and all of the activities therein /daughter transported to and from the Wilbur Watts Intermediate 08016, to participate in these activities.
Burlington and the Township of Edg Township of Edgewater Park Police claims and causes of action that I m which may result or occur as a resul	by of Burlington and the Township of Edgewater Park, the City of gewater Park Police Departments, the City of Burlington and the Officers, their agents and employees thereof, from all liability may have for personal injuries, damages or losses of any nature at the tof my child's participation in this program in any capacity of the Township of Edgewater Park Police Department joint Youth
Edgewater Park Police Department jo designees while participating in the	ey the directives of the City of Burlington and the Township of oint Youth Police Academy Instructors, Police Officers, or their program. Additionally, participation in the program can be urse of the program and is determined at the sole and absolute my Instructors.
I hereby attest to having read this docu	ument and acknowledge the understanding thereof.
PARENT/GUARDIAN SIGNATURE	DATE



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#### CITY OF BURLINGTON/EDGEWATER PARK TWP YOUTH POLICE ACADEMY PHYSICAL WAIVER FORM

Physician's Name:	
Street Address:	
Phone Number:	
I certify that I have examined PRINT NA	and found him/her medically  ME OF APPLICANT
	fitness program. The program includes daily physical activities that umping, push-ups, sit-ups, as well as other calisthenics and cardio-
I also certify that I am a licensed medical p	hysician, physician's assistant or family nurse practitioner.
PHYSICIAN'S SIGNATURE	DATE
Participation Restrictions:	



#### John J. Fine Chief of Police

The undersigned,

## City of Burlington Police Department

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## Edgewater Park Twp. Police Department

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#### FIREARMS TRAINING AUTHORIZATION / WAIVER OF LIABILITY

PRINT PARENT/GUARDIAN NAME

, hereby gives permission and authorization for

my son/daughter	PRINT NAME OF CHILD	articipate in the firearms training tha	t will be
Youth Police Academy. range authorized for suc Department, the Burlingt undersigned further under	The undersigned understands the hactivities by the City of Buron County Prosecutor's Office a restands that appropriate training	ownship of Edgewater Park Polinat all live fire training will be conflington and the Township of Eand the New Jersey Police Train and education will be presented emission prior to the handling of	onducted at a shooting adgewater Park Police ing Commission. The to my son/daughter by
the shooting range. All p to the safe handling of fin	participants of the Youth Police Arearms as well as the instruction ange. I, the undersigned, therefore	ice Academy will adhere to all re Academy will also adhere to all as of the Firearms Instructors and ore agree to have my child obey	instructions pertaining l Academy Instructors
INSTRUCTIONS OR I SHOOTING RANGE,	DIRECTIVES ON THE PAR NO MATTER HOW MINO LL FROM THE SHOOTING RA	Y VIOLATION, OR FAILURE T OF MY SON/DAUGHTER PR, WILL RESULT IN MY ANGE AND <u>DISMISSAL</u> OF M	, WHILE ON THE SON/DAUGHTER'S
the City of Burlington and Township of Edgewater action that the undersigned	d the Township of Edgewater Park Police Officers, their agented may have for personal injuries	y of Burlington and the Townsh ark Police Departments, the City ats and employees thereof, from es, damages or losses of any nat g of the Youth Police Academy.	of Burlington and the all liability claims of
		at any time during the course scretion of the Police Instructors.	
I hereby attest to havin son/daughter to participat	_	wledge the understanding there	of, and authorize my
PARENT/GUARDIA	AN SIGNATURE	DAT	TE