BERKELEY HEIGHTS POLICE 2022 YOUTH ACADEMY

POLICE-ORIENTATED EDUCATIONAL PROGRAM

The Police Youth Academy is an educational program developed by the Berkeley Heights Police focusing on the township's young residents. This program is designed to provide positive interaction between the children of our community and the officers who serve them. The Academy emphasizes professionalism, teamwork, respect, and integrity in a disciplined learning environment. Instructors will cover military drill, physical training, self-defense training, classroom activities, and host presentations from various law enforcement agencies. The Police Youth Academy will also provide male and female participants with insight on a career in law enforcement.

(PLEASE CIRCLE THE WEEK YOU PLAN ON ATTENDING BELOW)

DATES AND TIMES

JULY 11-15 (10AM-1PM) GRADES 2-4

JULY 18-22 (9AM-3PM) GRADES 5-7

JULY 25-29 (9AM-3PM) GRADES 5-8

REGISTRATION FEE IS $40.00

CHECKS MADE PAYABLE TO TOWNSHIP

Location

Berkeley Heights Fire Department
411 Hamilton Avenue. Berkeley Heights, NJ

The Youth Academy is open to any Berkeley Heights student currently enrolled in grades 2 through 12. Also, all applicants must have their parents/guardians sign all waivers, and obtain a medical release note from their physician.

All application packets must be completed & returned by June 1st 2022.

Applications may be obtained by calling Police Headquarters at (908) 464-1111 or emailing CAFFINITO@bhpolic.org
APPLICATION FOR 2022 BHPD YOUTH ACADEMY
BERKELEY HEIGHTS POLICE DEPARTMENT

Name

Current Address

Telephone: ( )

NAME OF SCHOOL

LOCATION

(Complete mailing address)

CURRENT GRADE

(GRADE YOU ARE GOING INTO)

Principal:

Parent/Guardian’s Name:

Day Phone: Night Phone:

Physician Name:
Physician Phone Number:
Known Allergies:
Medical Insurance Company:
Policy Number:
Carrier’s Name:

UNIFORM SIZES (PLEASE CIRCLE ONE):

T-Shirt Size (circle one) S M L XL
Gym Shorts (circle one) S M L XL

Parent/Guardian Signature

Student Signature

Date: All Information provided will remain strictly confidential

dm 3/22
BERKELEY HEIGHTS POLICE
Police Youth Academy-Medical Certificate

Dear Physician:

The following individual has submitted an application to participate in the Berkeley Heights Police Youth Academy.

Name: ___________________________  Birthday: ______________________

Address: ____________________________________________________________

As part of the Berkeley Heights Police Youth Academy, the Berkeley Heights Police requires each Police Cadet to undergo a medical examination by a licensed physician. Police Youth candidates should be in good physical health and able to participate in physical fitness activities including marching, running on all surfaces (blacktop, grass, hardwood floors), calisthenics and organized athletic sports. Police Youth Academy is for township residents.

Physician's Statement (Please check one box)

☐ I have examined the above named candidate and find he/she can safely perform.

☐ I have examined the above named candidate and find he/she cannot safely perform.

________________________________________
Physician's Signature  ______________________ Date __________________

Please Print:

Physician's Name: ______________________________

Address: ______________________________________

Affix Physician's Office Stamp (must be M.D. or D.O.) ____________________________

Please list if any restrictions, medications, or allergies if any:

_________________________________________________________

_________________________________________________________

_________________________________________________________
BERKELEY HEIGHTS POLICE

Police Youth Academy Medical Info/Emergency Contact Information

Instructions: Form is to be completed by parent/guardian. Place N/A when information is not applicable, please print all information neatly.

Applicant: Last Name ___________________________ First Name________________________

A. Explain any existing medical conditions the Police Youth may have:
   1.__________________________________________
   2.__________________________________________

B. List any medications (both over-the-counter and prescription) to be taken.
   1.__________________________________________ Dosage:__________________________
   2.__________________________________________ Dosage:__________________________

C. List/explain any allergies or nutritional requirements.
   1.__________________________________________
   2.__________________________________________

In Case of Emergency:

Contact #1:____________________________________ Phone:_______________________
Contact #2:____________________________________ Phone:_______________________

In the event of no contact with the parent/guardian or emergency contact, the Academy Staff has permission to contact the Physician of the child

_____________________________________________  _________________________________
Physician Name                                  Physician Telephone Number

_____________________________________________  _________________________________
Parent/Guardian Print Name                      Parent/Guardian Signature
Berkeley Heights Police 2022 Youth Academy

Certification and Release of Information

I certify that all statements made on the attached application are true to the best of my knowledge and are made in good faith. I understand that I may not be considered for the Youth Academy if it is found that the information on this application is false. I can supply information that will prove entries on this application are true. I understand that a strict code of conduct will be adhered to while attending the Berkeley Heights Police Youth Academy.

I hereby authorize any representative of the Berkeley Heights Police Department bearing this release to obtain information pertaining to my personal background including, but not limited to, academy and athletic achievement, attendance, driver's history files, and any other records that may be requested by such employee.

This release is executed with the full knowledge and understanding that the information is for the official and confidential use of the Berkeley Heights Police Department.

Parent/Guardian Signature: ___________________________ Date: _____________

Applicant Signature: ___________________________ Date: _____________
Berkeley Heights Police 2022 Youth Academy

Consent to Participate & Release From Liability Form

THE UNSIGNED, PARENT/GUARDIAN, HEREBY GIVES PERMISSION AND AUTHORIZATION FOR THEIR SON/DAUGHTER TO PARTICIPATE IN ALL SCHEDULED ACTIVITIES INCLUDING BUT NOT LIMITED TO PHYSICAL TRAINING EXERCISES SUCH AS RUNNING, STRENGTH TRAINING, BLOCKS AND DEFENSES, HANDGUN RETENTION AND TAKEDOWN TECHNIQUES AND HANDCUFFING TECHNIQUES. I ALSO CONSENT TO THE ADMINISTRATION OF EMERGENCY FIRST AID IF NECESSARY IN THE OPINION OF A CERTIFIED EMT.

THE UNSIGNED HEREBY RELEASES, HOLDS HARMLESS, INDEMNIFIES, DISCHARGES AND AGREES TO DEFEND THE TOWNSHIP OF BERKELEY HEIGHTS, ITS EMPLOYEES, AGENTS, ASSIGNS, AND CONTRACTORS, INCLUDING THE BERKELEY HEIGHTS POLICE DEPARTMENT, AND THE EMPLOYEES, AGENTS, ASSIGNS, AND CONTRACTORS THEREOF, FROM ANY AND ALL DAMAGES, CLAIMS, LOSSES, EXPENSES, ATTORNEY FEES, CAUSES OF ACTION, JUDGEMENTS, LAWSUITS, PROCEEDINGS AND/OR LIABILITIES OCCURRING BY REASON OF ANY INJURY TO ANY PERSON OR PROPERTY AS A RESULT OF (NAME)________________________ PARTICIPATION IN THIS PROGRAM AND IN ANY CAPACITY OR FUNCTION AS A YOUTH ACADEMY PARTICIPANT.
THE UNDERSIGNED FURTHER AGREES TO OBEY DIRECTIVES OF THE YOUTH ACADEMY INSTRUCTORS, OFFICERS OR THEIR DESIGNEES WHILE ACCOMPANYING SAID OFFICER. ADDITIONALLY, PARTICIPATION IN THE PROGRAM CAN BE RESCINDED AT ANY TIME DURING THE COURSE OF THE ACADEMY WITHOUT CAUSE AND IS IN THE SOLE AND ABSOLUTE DISCRETION OF THE INSTRUCTORS.

I HEREBY ATTEST TO HAVING READ THIS DOCUMENT AND ACKNOWLEDGE THE UNDERSTANDING THEREOF.

PARENT/GUARDIAN SIGNATURE: ___________________________ DATE: ________

APPLICANT SIGNATURE: _______________________________ DATE: ________
BERKELEY HEIGHTS POLICE YOUTH ACADEMY

PARENTAL/GUARDIAN RELEASE FORM

I ______________________, parent/guardian of ________________________________

Address: ________________________________

City: __________________ State: __________ ZIP: __________

I circle one [will will not] be picking up my son/daughter at the end of each day of the Youth Academy.

I circle one [will will not] be allowing my son/daughter to walk home at the end of each day of Youth Academy.

In the event that someone other than a parent/guardian will be picking up your son/daughter at the end of each academy day, please inform us by emailing CAFFINITO@bhpolicemie.org or calling Police HQ at 908-464-1111

Parent/Guardian Name ____________________________ Date_________

Parent/Guardian Signature ____________________________ Date_________
BERKELEY HEIGHTS POLICE YOUTH ACADEMY

PARENTAL/GUARDIAN CONSENT FOR PHOTOGRAPH & AUDIO-VISUAL RELEASE FORM

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

- I, as a parent or guardian of the below-named Police Youth, fully authorize and grant the Berkeley Heights 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 Police Youth 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 the Berkeley Heights 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 use of the Berkeley Heights Police, and remain property of the Berkeley Heights Police. Photos/Videos may be used without specific notification.
- I understand and agree that the Berkeley Heights Police and its authorized representatives from all actions, claims, damages, costs, expenses, including attorneys fees, brought by the Police Youth and/or parent or guardian which relate to or rise out of any of these photographs or videos as specified above.
- The Berkeley Heights Police will not release any personally identifiable information without prior consent of the Police Youth'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.

Parent/Guardian- Print Name _______________________________ Date: ________

Parent/Guardian- Signature _______________________________ Date: ________
BERKELEY HEIGHTS POLICE YOUTH ACADEMY
RULES AND REGULATIONS

- THE BERKELEY HEIGHTS POLICE YOUTH ACADEMY STAFF REQUESTS ALL PARENTS AND YOUTH PARTICIPANTS TO REPORT IN A TIMELY MANNER TO THE BERKELEY HEIGHTS FIRE DEPARTMENT HEADQUARTERS DAILY AT 9:00AM. THE ACADEMY PARTICIPANTS WILL BE DISMISSED AT 3:00 PM DAILY. GRADES 2-4 WILL START AT 10AM AND DISMISSED AT 1PM.

- THE BERKELEY HEIGHTS POLICE YOUTH ACADEMY STAFF REQUESTS ALL PARENTS AND YOUTH PARTICIPANTS BRING THEIR LUNCHES DAILY DUE TO DIFFERENT DIETARY NEEDS AND/OR HEALTH RESTRICTIONS.

- THE BERKELEY HEIGHTS POLICE YOUTH ACADEMY STAFF REQUESTS THAT MALE AND FEMALE YOUTH PARTICIPANTS REPORT EACH DAY NEAT AND ORDERLY.

- THE BERKELEY HEIGHTS POLICE YOUTH ACADEMY STAFF REQUESTS THAT YOUTH PARTICIPANTS HAVE THEIR HAIR PROPERLY GROOMED THAT ENSURES THEIR VISION IS CLEAR AS A SAFETY PRECAUTION.

- THE BERKELEY HEIGHTS POLICE YOUTH ACADEMY STAFF REQUESTS PARENTS AND YOUTH PARTICIPANTS TO REPORT ANY PHYSICAL DISCOMFORT THAT MAY OCCUR DURING THE WEEK OF THE YOUTH ACADEMY IMMEDIATELY TO STAFF.

- THE BERKELEY HEIGHTS POLICE YOUTH ACADEMY STAFF REQUESTS PARENTS AND YOUTH PARTICIPANTS TO REPORT DAILY TO THE POLICE YOUTH ACADEMY WITH THEIR WATER BOTTLES FILLED WITH WATER AND THEIR CADET UNIFORMS ON WITH THEIR DRAW STRING BAGS.

- ANY YOUTH ACADEMY PARTICIPANTS WHO DRIVE SHOULD PARK IN SPACES ADJACENT TO THE FIRE DEPARTMENT SHED

- THE BERKELEY HEIGHTS POLICE YOUTH ACADEMY STAFF REQUESTS ALL PARENTS TO HAVE THE YOUTH PARTICIPANTS REPORT DAILY IN A CROSS
TRAINING AND/OR RUNNING SNEAKER TO ENSURE PROPER FOOT WEAR FOR VARIOUS PHYSICAL ACTIVITIES DESIGNATED FOR THE YOUTH PARTICIPANTS.

- THE BERKELEY HEIGHTS POLICE YOUTH ACADEMY STAFF REQUESTS ALL PARENTS TO HAVE THE YOUTH PARTICIPANTS TO REPORT DAILY WITH NO JEWELRY PRESENT TO ENSURE NO ITEMS ARE LOST OR MISPLACED DURING THE POLICE YOUTH ACADEMY.

- IF PARENT/GUARDIAN HAS SCHEDULING CONFLICTS OR PARTICIPANT CANNOT ATTEND ON ANY DAY OF THE YOUTH ACADEMY PLEASE CONTACT THE BERKELEY HEIGHTS POLICE DEPARTMENT AT (908) 464-1111 AND THEY WILL NOTIFY THE ACADEMY STAFF OR EMAIL STAFF MEMBERS AT WEB ADDRESS BELOW.

- IF PARENT/GUARDIAN HAS ANY QUESTIONS REGARDING THE BERKELEY HEIGHTS POLICE YOUTH ACADEMY PLEASE DON'T HESITATE TO CALL 908-464-1111 OR EMAIL CAFFINITO@bhpolice.org

PARENT/GUARDIAN SIGNATURE ___________________________  DATE _________

PARTICIPANT SIGNATURE _______________________________  DATE _________
BERKELEY HEIGHTS POLICE YOUTH ACADEMY

DAILY PROCEDURES

• ALL YOUTH ACADEMY PARTICIPANTS ARE TO REPORT EACH DAY TO THE BERKELEY HEIGHTS VOLUNTEER FIRE DEPARTMENT LOCATED AT 411 HAMILTON AVENUE.

• ALL YOUTH ACADEMY PARTICIPANTS ARE TO REPORT AT 9:00 AM AND WILL BE DISMISSED AT THE SAME LOCATION AT 3:00 P.M DAILY. *GRADES (2-4), REPORT AT 10AM AND DISMISSED AT 1PM.*

• PARTICIPANTS SHOULD REPORT FOR DUTY IN ATHLETIC SHORTS AND TSHIRT WITH WHITE ATHLETIC STYLE SHOES AND BRING THEIR CADET UNIFORM IN BLACK DRAWSTRING BAG

• PARTICIPANTS SHOULD BRING LUNCH TO MEET INDIVIDUAL DIETARY NEEDS

• ANY YOUTH ACADEMY PARTICIPANTS WHO DRIVE SHOULD PARK IN SPACES ADJACENT TO THE FIRE DEPARTMENT SHED

• IF PARENT/GUARDIAN HAS SCHEDULING CONFLICTS OR PARTICIPANT CANNOT ATTEND ON ANY DAY OF THE YOUTH ACADEMY PLEASE CONTACT THE BERKELEY HEIGHTS POLICE DEPARTMENT AT (908) 464-1111 AND THEY WILL NOTIFY THE ACADEMY STAFF OR EMAIL STAFF MEMBERS AT WEB ADDRESS BELOW.

• IF PARENT/GUARDIAN HAS ANY QUESTIONS REGARDING THE BERKELEY HEIGHTS POLICE YOUTH ACADEMY PLEASE DON'T HESITATE TO CALL 908-464-1111 OR EMAIL CAFFINITO@bhpolicce.org