



BERKELEY HEIGHTS POLICE 2023 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

June 19-23 (10AM-2PM) GRADES 2-4

JULY 17-21 (9AM-3PM) GRADES 5-8

REGISTRATION FEE IS \$50.00

CHECKS MADE PAYABLE TO TOWNSHIP OF BERKELEY HEIGHTS

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 8. 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 May 15th, 2023.

APPLICATION FOR 2023 BHPD YOUTH ACADEMY

BERKELEY HEIGHTS POLICE DEPARTMENT

DATE _____

Name _____
Last First Middle

Current Address _____
Number Street City State Zip Code

Date of Birth _____

Telephone: (____) _____

Email Address: _____

NAME OF SCHOOL	LOCATION (Complete mailing address)	CURRENT GRADE (GRADE YOUR 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):	ADULT	YOUTH		
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 2023 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 2023 Youth Academy

Consent to Participate & Release From Liability Form

THE UNDERSIGNED, 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 UNDERSIGNED 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 DMAXWELL@BHPOLICE.ORG or AGLAYDURA@BHPOLICE.ORG.

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 attorney's 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.
- 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 VIA E-MAIL AT DMAXWELL@BHPOLICE.ORG OR AGLAYDURA@BHPOLICE.ORG.
- IF PARENT/GUARDIAN HAS ANY QUESTIONS REGARDING THE BERKELEY HEIGHTS POLICE YOUTH ACADEMY PLEASE DON'T HESISTATE TO CONTACT US VIA EMAIL AT DMAXWELL@BHPOLICE.ORG OR AGLAYDURA@BHPOLICE.ORG

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARTICIPANT SIGNATURE _____ DATE _____