



THE HACKENSACK POLICE DEPARTMENT
"POLICE YOUTH ACADEMY"
APPLICATION



Class 21 August 8th to August 12th, 2022

THE FOLLOWING INFORMATION IS REQUESTED OF ALL PROSPECTIVE PARTICIPANTS IN THE HACKENSACK POLICE DEPARTMENTS "POLICE YOUTH ACADEMY" PROGRAM. ANY FALSE OR INCOMPLETE INFORMATION WILL EXCLUDE THE APPLICANT FROM PARTICIPATING IN THIS PROGRAM. APPLICANTS FROM 7TH GRADE - 12TH GRADE (IN THE 2022-2023 CALENDAR YEAR) MAY BE ACCEPTED.

STUDENT'S NAME: _____

LAST (Please Print)

FIRST (Please Print)

DATE OF BIRTH: ____/____/____ AGE: ____ GENDER: ____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: ____

SCHOOL: _____ GRADE: ____

Adult T-Shirt Size <i>(circle)</i>	S	M	L	XL	XXL
Adult Short Size <i>(circle)</i>	S	M	L	XL	XXL

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1: _____

ADDRESS: same as above _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: same as above _____

PARENT/GUARDIAN #2: _____

ADDRESS: same as above _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: same as above _____

ALTERNATE EMERGENCY CONTACT: (Other than parent information listed above)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TOWN: _____

HOME PHONE: _____ CELL PHONE: _____

Has the applicant previously attended the Youth Police Academy? *(Circle)* YES NO

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

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MEDICAL FORM

MUST BE COMPLETED BY PARENT/GUARDIAN

PRINT CHILD'S NAME _____

FAMILY PHYSICIAN:

NAME: _____

OFFICE ADDRESS: _____

OFFICE PHONE NUMBER: _____

Is your child being seen for medical reasons now? If yes, please explain.

Has your child ever been hospitalized? If yes, please explain.

Does your child have hypertension? If yes, taking medication?

Does your child have any heart problems? If yes, please explain.

Has your child ever suffered from heat stroke? If yes, please explain.

Are there any medical conditions, allergies, or other circumstances that may affect your child during this event? (Example Asthma, bee sting, etc.) If yes, please explain.

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MEDICAL FORM – Page 2

Does your child have any learning disabilities? If yes, please explain. (We want to make this learning experience enjoyable for all!)

Does your child have any special needs /restrictions? (Including food) If yes, please explain.

Please list any prescribed medications that your child is required to take regularly. Please indicate below whether or not your child will be required to take or carry the medication with them during the Police Youth Academy. All medications must be in original prescribed package.

1. Name of Medication: _____

Medical condition for which medication is needed:

Dosage/Administration (times per day): _____

2. Name of Medication: _____

Medical condition for which medication is needed:

Dosage/Administration (times per day): _____

MY CHILD DOES NOT HAVE ANY MEDICAL CONDITION(S)

PRINT CHILD'S NAME: _____

DATE: _____

PARENT/GUARDIAN NAME: _____

(Please print)

PARENT/GUARDIAN SIGNATURE: _____

(Please sign)

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LIABILITY RELEASE FORM

THE UNDERSIGNED, PARENT/GUARDIAN, HAS REQUESTED THE OPPORTUNITY AND PRIVILEGE TO HAVE THEIR SON/DAUGHTER PARTICIPATE IN THE HACKENSACK POLICE YOUTH ACADEMY.

IN CONSIDERATION OF GRANTING SAID REQUEST, THE UNDERSIGNED HEREBY, RELEASES AND FOREVER DISCHARGES THE CITY OF HACKENSACK, THE AGENTS AND EMPLOYEES THEREOF, FROM ALL CLAIMS AND CAUSES OF ACTION THAT THE UNDERSIGNED MAY HAVE FOR PERSONAL INJURIES, DAMAGES OR LOSSES OF ANY NATURE WHATSOEVER, WHICH MAY RESULT OR OCCUR AT ANY TIME THE CHILD OF THE UNDERSIGNED IS IN OR ABOUT A POLICE VEHICLE AND/OR PARTICIPATING IN THE FUNCTIONS OF THE HACKENSACK POLICE YOUTH ACADEMY.

THE UNDERSIGNED FURTHER AGREES TO HAVE THEIR CHILD OBEY DIRECTIVES OF SUCH HACKENSACK POLICE OFFICERS OR THEIR DESIGNEES WHILE ACCOMPANYING SAID OFFICERS, AND ACKNOWLEDGES THAT THIS PRIVILEGE OF ACCOMPANYING THE HACKENSACK POLICE CAN BE RESCINDED AT ANY TIME DURING THE COURSE OF THE ACADEMY, IN THE SOLE AND ABSOLUTE DISCRETION OF THE POLICE DEPARTMENT.

THE UNDERSIGNED IS REQUESTING THE HACKENSACK POLICE TO ACCEPT THEIR SON/DAUGHTER TO THE HACKENSACK POLICE YOUTH ACADEMY AND WILL HOLD THE CITY OF HACKENSACK AND THE HACKENSACK POLICE HARMLESS. THE UNDERSIGNED HAS READ THIS DOCUMENT AND SIGNS IT OF HIS/HER FREE WILL.

THE UNDERSIGNED ALSO ACKNOWLEDGES THAT MY CHILD HAS NO LIMITED MEDICAL CONDITIONS AND IS FULLY CAPABLE OF PARTICIPATING IN THE PROGRAM. THIS AGREEMENT IS A TESTAMENT TO MY UNDERSTANDING OF THE ABOVE EVIDENCED BY MY SIGNATURE.

THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT THE HACKENSACK POLICE DEPARTMENT WILL TAKE PICTURES THROUGHOUT THE WEEK THAT MAY INCLUDE MY CHILD AND THE SAME MAY BE PUBLISHED FOR POLICE YOUTH ACADEMY ARTICLES.

PRINT CHILD'S NAME

DATE

PRINT PARENT/ GUARDIAN NAME

SIGNATURE - PARENT/GUARDIAN

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UNIFORM RESPONSIBILITY FORM

THE UNDERSIGNED, PARENT/GUARDIAN, HAS REQUESTED THE OPPORTUNITY TO HAVE THEIR SON/DAUGHTER PARTICIPATE IN THE HACKENSACK POLICE YOUTH ACADEMY.

BY SIGNING THIS FORM, THE UNDERSIGNED IS VERIFYING THAT AFTER THEIR SON/DAUGHTER RECEIVES THEIR UNIFORM, IT IS THE RESPONSIBILITY OF THE PARENT TO ENSURE THAT THE CHILD WILL CONTINUE TO ATTEND THE YOUTH ACADEMY.

IF THEIR SON/DAUGHTER **DOES NOT** ATTEND ANY CLASS, THE UNDERSIGNED WILL BE RESPONSIBLE TO RETURN THE UNIFORM, IN GOOD CONDITION, TO THE HACKENSACK POLICE DEPARTMENT.

IF THE UNIFORM IS NOT RETURNED, A FEE OF \$50.00 WILL BE INCURRED.

PERMISSION REQUESTED BY: (PARENT/GUARDIAN)

PRINT CHILD'S NAME

DATE

PRINT PARENT/GUARDIAN

PARENT/GUARDIAN SIGNATURE

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GUARDIAN RELEASE FORM

I, _____ PARENT/GUARDIAN
(Please Print)

OF _____
(Child's name)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I WILL () I WILL NOT () BE PICKING UP MY SON/DAUGHTER AT THE END OF EACH DAY OF THE ACADEMY.

I WILL () I WILL NOT () ALLOW MY SON/DAUGHTER TO WALK HOME AT THE END OF EACH DAY OF THE ACADEMY.

I WILL () HAVE SOMEONE OTHER THAN A PARENT/GUARDIAN PICK UP MY SON/DAUGHTER AT THE END OF EACH ACADEMY DAY.

THE PERSON PICKING HIM/HER UP WILL BE

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Phone# _____

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Dress Code:

This academy has been developed to give each student the best possible learning experience. Therefore, it is necessary that students present themselves in a neat and well-groomed manner. An academy t-shirt and shorts will be issued and must be worn every day. Students will wear sneakers (NO FLIP-FLOPS). Hair must be kept neat and not a distraction to other students. Long hair must be pulled back in a ponytail or bun. Wearing of jewelry is prohibited.

Student Behavior Contract:

The purpose of this contract is to inform the student that he/she must comply with all provisions of the Hackensack Police Department Youth Academy and to the specific terms set forth in this contract. The student understands that due to the nature of this academy there will be a "zero tolerance" rule in effect. Undesirable conduct such as dangerous horseplay, bullying, or rude behavior to fellow students, or a violation of the student code of conduct will result in removal of the student from the academy. This contract is in effect for the safety of all students and the maintenance of discipline and order. This signature represents an agreement by the student that he/she received a copy of the Code of Conduct, and the student agrees to adhere to the Code of Conduct at all times.

Date: _____

Print Student's Name: _____

Student's Signature: _____

Parent/Guardian Signature: _____

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CODE OF CONDUCT

- ALL PARTICIPANTS WILL FOLLOW DIRECTIONS OF ALL POLICE OFFICERS OR CIVILIAN INSTRUCTORS.
- THE ACADEMY WILL COMMENCE PROMPTLY AT 0800 HOURS EACH DAY. IT IS SUGGESTED STUDENTS ARRIVE AT 0745 HOURS.
- RAISE YOUR HAND IF YOU WANT TO SPEAK.
- WHEN YOU ARE ACKNOWLEDGED YOU WILL RESPOND WITH “YES SIR, NO SIR, YES MA’AM, NO MA’AM.”
- PAY ATTENTION TO THE SPEAKER.
- STAY WITH YOUR GROUP ON FIELD TRIPS
- CLASSROOM/CLASS TRIP DISRUPTION WILL NOT BE TOLERATED.
- THERE WILL BE NO USE AND OR POSSESSION OF TOBACCO PRODUCTS, ELECTRONIC CIGARETTES, VAPES, ALCOHOL OR DRUGS ON ACADEMY/SCHOOL PROPERTY. ANYONE FOUND IN VIOLATION WILL BE IMMEDIATELY DISMISSED AND APPROPRIATE ACTION WILL BE TAKEN.
- USE OF OBSCENE, VULGAR OR PROFANE LANGUAGE WILL NOT BE TOLERATED.
- NO “HORSE-PLAY” ALLOWED.
- NO FIGHTING, HARASSING OR BULLYING ANYONE.
- DO NOT LITTER.
- THE PROVIDED ACADEMY UNIFORM IS TO BE WORN EVERY DAY, INCLUDING TO THE GRADUATION CEREMONY. **WASH DAILY!**
- STUDENTS WHO RECEIVE A UNIFORM BUT DO NOT ATTEND ALL CLASSES WILL RETURN THE UNIFORM UNUSED OR THE PARENTS WILL BE **CHARGED A \$50.00 FEE.**
- NO HATS OR JEWELRY! GIRLS MUST HAVE HAIR PULLED BACK IN A PONYTAIL OR BUN.
- SHIRTS MUST BE TUCKED IN, SNEAKERS MUST BE WORN.
- VIDEO GAMES, I-PODS, MP3 PLAYERS, ETC., ARE NOT ALLOWED.
- CELL PHONES (IF YOU MUST BRING) MUST BE OFF – IF IT RINGS YOU LOSE IT UNTIL AFTER GRADUATION!
- A GUARDIAN FORM IS REQUIRED IF YOU ARE WALKING HOME OR IF SOMEONE OTHER THAN YOUR GUARDIAN IS PICKING YOU UP AT THE END OF THE DAY.
- STUDENTS WILL CONDUCT THEMSELVES IN A PROFESSIONAL MANNER AT ALL TIMES.

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COVID-19 ACKNOWLEDGMENT FORM FOR CITY OF HACKENSACK

The City of Hackensack Department of Police offer the public the option to participate in the Hackensack Police Youth Academy which is held on City of Hackensack property and other public and semi-public places accessible to large numbers of people on a daily basis.

- Due to the COVID-19 pandemic, individuals age 18 or older who wish to enroll themselves, their child or other dependent family member into the Youth Academy, must complete, sign and return this Acknowledgment Form to the Hackensack Police Department by no later than July 15, 2022, or by the Program's enrollment deadline. Enrollment and participation in the Youth Academy is conditioned upon timely submittal of a completed Acknowledgment Form.

ACKNOWLEDGMENT

I/WE acknowledge that I/WE have been provided with, read and fully understand this Acknowledgment Form, the Center for Disease Control's ("CDC") and the New Jersey Department of Health's ("NJDOH") information and guidelines regarding COVID-19 and Multisystem Inflammatory Syndrome in Children (" Pandemic Illnesses").

I/WE further acknowledge that the Pandemic Illnesses: (1) are highly contagious and may cause serious permanent bodily injury, including death, of healthy persons of all ages; (2) are subject to changing recommendations on limiting risk of exposure and spread; (3) remain prevalent throughout New Jersey; (4) are highly likely to spread to persons in direct contact with or in close proximity to (within about 6 feet) an infected person; (5) believed by the CDC/NJDOH to spread by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth, and from touching surfaces on which droplets containing the virus exist.

I/WE further acknowledge that attending or participating in the Hackensack Police Youth Academy poses an inherent and heightened risk of exposure, infection and bodily injury from the Pandemic Illnesses regardless of preventative measures taken by The City of Hackensack.

I, _____ (hereinafter "I"), acknowledge and
(PRINT PARENT OR GUARDIAN'S NAME ABOVE)

represent that I am/the parent/legal guardian of: _____
(PRINT CHILD'S NAME ABOVE)

Parent or Guardian's Signature: _____ Date: _____