



HAZLET TOWNSHIP POLICE DEPARTMENT

POLICE YOUTH ACADEMY

APPLICATION FOR ENROLLMENT

Application Deadline: May 31, 2024

No Exceptions

T-Shirt: (Circle one)

Youth Med		Youth Large		Youth XL		Adult Small		Adult Med		Adult Large		Adult XL		Adult 2XL
--------------	--	----------------	--	-------------	--	----------------	--	--------------	--	----------------	--	-------------	--	--------------

Student's Name: _____ Age: _____ (as of Aug 2024)

Date of Birth: _____ Sex: Male _____ Female _____

Address: _____ Phone: _____

School: _____ Grade in September (Circle one) 6 or 7

Contact email address: _____

In case of an emergency, please contact:

1. _____ Phone _____ Relationship _____
2. _____ Phone _____ Relationship _____

In the event I cannot make the 3:00pm dismissal, the following individual(s) have my permission to transport my child home:

1. _____ Address _____ Phone _____
2. _____ Address _____ Phone _____

Personal Health and Medical Information (Use back of form if necessary)

EMERGENCY MEDICAL INFORMATION: Has, or is susceptible to the following (check & give details)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Contact Lenses |
| <input type="checkbox"/> Convulsions | | |
| <input type="checkbox"/> Allergy or reaction to any medicine, food, plant, animal, or insect toxin | | |
| <input type="checkbox"/> Any other condition or disorder that may require special care, medication, or knowledge | | |

Explain: _____

APPROVED FOR PARTICIPATION IN:

_____ All Activities

Except: (Specify):

(Initial)

(Initial Each)

Are there any current health problems? _____ No _____ Yes

Is student now under medical care or taking any medications? _____ No _____ Yes

Has there been any surgery, injury, illness, allergy or change in health status since student's last physical exam? _____ No _____ Yes

Explain any YES answers in space below:

Is there past or present history of?

	No	Yes	Year	Details
1. Serious Illness	_____	_____	_____	_____
2. Serious Injury	_____	_____	_____	_____
3. Surgery	_____	_____	_____	_____
4. Skin, Glands	_____	_____	_____	_____
5. Ears, Eyes	_____	_____	_____	_____
6. Nose, Sinus	_____	_____	_____	_____
7. Teeth, Tonsils	_____	_____	_____	_____
8. Chest, Lungs	_____	_____	_____	_____
9. Heart Murmur	_____	_____	_____	_____
10. Rheumatic Fever	_____	_____	_____	_____
11. Stomach, Bowels	_____	_____	_____	_____
12. Kidney/Urine Infection	_____	_____	_____	_____
13. Behavioral Condition	_____	_____	_____	_____

PARENT/GUARDIAN AUTHORIZATION:

To the best of my knowledge, the answers that I have given are correct and complete. I know of no reason to restrict my child's activity, and give permission for participation in all activities except as specifically noted above. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to secure proper treatment for my child.

_____ X _____
Date Parent/Guardian Signature

Cost of the academy is \$35 – Do not send check with application.

(Payable upon notification of acceptance)

No child will ever be turned away based on their inability to pay the registration cost of the academy.

Submit your application to: [email rdickens@hazletpd.org](mailto:rdickens@hazletpd.org) or drop off/mail to

**Attention: Lieutenant Robert Dickens
Hazlet Township Police Department
255 Middle Road
Hazlet, NJ 07730**