



## HAZLET TOWNSHIP POLICE DEPARTMENT



# POLICE YOUTH ACADEMY

### APPLICATION FOR ENROLLMENT

**Application Deadline: May 30, 2025**

**No Exceptions**

**T-Shirt: (Circle one)**

Youth Med		Youth Large		Youth XL		Adult Small		Adult Med		Adult Large		Adult XL		Adult 2XL	
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Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ (as of Aug 2025)

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)

\_\_\_ Asthma \_\_\_ Heart Trouble \_\_\_ High Blood Pressure

\_\_\_ Fainting Spells \_\_\_ Diabetes \_\_\_ Contact Lenses

\_\_\_ Convulsions

\_\_\_ Allergy or reaction to any medicine, food, plant, animal, or insect toxin

\_\_\_ 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 \$50 – 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: [RDickens@hazletpd.org](mailto:RDickens@hazletpd.org) or drop off/mail to**

**Hazlet Township Police Department, 255 Middle Road, Hazlet, NJ 07730**