HAZLET TOWNSHIP POLICE DEPARTMENT

POLICE YOUTH ACADEMY

APPLICATION FOR ENROLLMENT

Application Deadline: May 31, 2026
No Exceptions

T-Shirt: (Check one)

Youth Med	☐	Youth Large	☐	Youth XL	☐	Adult Small	☐	Adult Med	☐	Adult Large	☐	Adult XL	☐	Adult 2XL	☐

Student's Name:_____Age:_____ (as of Aug 2026)
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)	No	Yes
Are there any current health problems?		
Is student now under medical care or taking any medications?		
Has there been any surgery, injury, illness, allergy or change in health status since student's last physical exam?		

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 Murmer	☐	☐		_____
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: email Rdickens@hazletpd.org or drop off/mail to

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