

TEANECK POLICE
DEPARTMENT JUNIOR
POLICE ACADEMY 2026
APPLICATION



**APPLICATIONS AND A PHOTO OF YOUR CHILD MUST BE
SUBMITTED BY Friday, June 5, 2026, VIA EMAIL TO
communitypolicing@teaneckpolice.org**

**The Junior Police Academy is scheduled for July 6th to July 10th,
with the graduation party on July 13th.**

APPLICANT

Name: _____ Gender: M / F _____

Date of Birth: ____/____/____ Age: ____ School Grade _____

School Attending: _____

Hair Color: _____ Eye Color: _____ Complexion: _____

Race: _____ Ethnicity: _____ Religious Preference: _____

Identifiable Markings: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Home telephone number: _____ Secondary: _____

Uniform Shirt – Child Size (S M L XL) Other Adult Size : _____

Parents/ Guardians

1) Parent's/ Guardian's Name: _____

Street Address: _____ City: _____

State: _____ Zip code: _____ Email: _____

Home Telephone: _____ Work Telephone: _____

Cell Number: _____ Secondary: _____

2) Parent's / Guardian's Name: _____

Street Address: _____ City: _____

State: _____ Zip code: _____ Email: _____

Home Telephone: _____ Work Telephone: _____

Cell Number: _____ Secondary: _____

Additional Emergency Contact Information:

Name: _____

Relationship: _____ Email: _____

Address: _____

Phone: _____

Medical History

Applicant Medical Information

Please list if Applicant's has any current Medical Conditions: (Example: Asthma, Seizures, back pain, etc.)

Please list any Allergies:

Food: _____

Medicine: _____

Other: _____

Does the Applicant carry medication for Allergies? YES NO

If, YES please specify: _____

Please list all prescribed medications and dosage taken by the Applicant:

Will the Applicant need to take medication during the duration of the Academy?

YES NO If YES, Please specify: _____

Please be advised that academy officers CANNOT administer medication to any Applicant.

Diet Restrictions:

Please list any dietary restrictions that the applicant is currently on:

Dietary Preferences:

Please list any dietary preferences for the applicant:

Family Physician Contact

Name: _____

Address: _____

Telephone: _____ Fax: _____

THE TEANECK JUNIOR POLICE ACADEMY OFFICERS, CADRE AND STAFF MEMBERS, ARE HEARBY GRANTED PERMISSION TO SECURE SUCH MEDICAL AID AND HOSPITAL SERVICE, WHICH THE TEANECK JUNIOR POLICE ACADEMY STAFF DEEM NECESSARY FOR THE PERSON NOTED ON THIS MEDICAL RELEASE FORM, IF HE/ SHE WERE TO SUSTAIN AN INJURY OR ILLNESS DURING THE ACADEMY PROGRAM. I HAVE INDICATED ALL HEALTH CONCERNS AND MEDICAL INFORMATION THAT THE STAFF SHOULD BE AWARE OF REGARDING THE ABOVE STATED ACADEMY APPLICANT'S PHYSICIAN AND MENTAL WELL-BEING.

Parent/Guardian: _____

Signature: _____

Typing name indicates approval

Date: _____

CADET INTEREST PAGE

THIS SECTION IS TO BE FILLED OUT BY THE APPLYING CADET NOT A PARENT/GUARDIAN, SCHOOL COUNSELOR, TEACHER OR RESOURCE OFFICER.

IN THIS SECTION YOU MUST INDICATE WHAT MOTIVATES YOU TO ATTEND THE ACADEMY OR WHY YOU CAN BENEFIT FROM ATTENDANCE. IN THE PAST CERTAIN CADETS BENEFITTED MORE THEN OTHERS IN LEARNING MORE ABOUT LAW ENFORCEMENT CAREERS, EXERCISE HABITS, SOCIAL SKILLS AND DISCIPLINE.

USE THE SPACE BELOW TO INDICATE HOW YOU MAY BENEFIT FROM THE JUNIOR POLICE ACADEMY. ATTACH ADDITIONAL PAGES IF NECESSARY.

PHOTO AND VIDEO CONSENT

Full Name of Minor Participant: _____

I, the undersigned parent or legal guardian of the above-named minor, hereby grant full permission to the **Teaneck Police Department** and its representatives to photograph, videotape, and/or otherwise record my child during activities and events associated with the **Junior Police Academy**.

I understand and agree that:

- These photographs and recordings may be used by the Teaneck Police Department for **educational, promotional, and informational purposes**, including but not limited to:
 - Official websites
 - Social media platforms
 - Press releases
 - Internal and external publications
 - Local news media coverage
 - I will not receive any compensation for the use of these images or recordings.
 - All materials remain the property of the Teaneck Police Department.
-

RELEASE

I hereby **waive, release, and discharge** the Teaneck Police Department and its agents from any and all claims, liabilities, or damages arising out of the use of my child's likeness, voice, or image in photographs or recordings.

This release is **irrevocable** and applies to all media now known or later developed.

SIGNATURE

I HAVE READ AND UNDERSTAND THIS CONSENT AND RELEASE FORM AND SIGN VOLUNTARILY.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Typing name indicates approval

Date: _____

PARENT/GUARDIAN WAIVER AND CONSENT FORM
Junior Police Academy – Simunition & Conducted Energy Device Demonstration

PARTICIPANT INFORMATION:

Full Name of Minor Participant: _____

ACTIVITY DESCRIPTION:

Your child has the opportunity to attend and participate in the Junior Police Academy, hosted by the Teaneck Police Department. As part of this educational experience:

1. The juvenile may **handle and engage with firearms that fire Simunition (non-lethal training ammunition)** under the direct supervision of certified law enforcement instructors.
2. The juvenile may observe a **demonstration of a Conducted Energy Device (CED)** (commonly referred to as a Taser), which will be conducted by trained personnel.

All activities will be conducted with the highest regard for safety, supervision, and proper instruction.

WAIVER OF LIABILITY AND ASSUMPTION OF RISK:

I, the undersigned parent or legal guardian, understand and acknowledge that participation in this program involves **inherent risks**, including, but not limited to:

- Physical exertion
- Handling of training firearms and ammunition (Simunition)
- Viewing a demonstration of a Conducted Energy Device
- Potential for minor injury despite safety precautions

I voluntarily assume all such risks, known and unknown, and take full responsibility for my child's participation.

RELEASE OF LIABILITY:

In consideration of the Teaneck Police Department allowing my child to participate in this program, I hereby:

- Waive, release, and discharge the Teaneck Police Department, its officers, employees, volunteers, agents, and affiliates from any and all liability, claims, or causes of action for personal injury, illness, damage, or loss of property that may occur during or arising out of participation in this event;
 - Agree to indemnify and hold harmless the above entities and individuals from any such claims or causes of action brought by or on behalf of my child.
-

CONSENT TO PARTICIPATE:

By signing below, I:

- Give my **full consent** for my child to **handle Simunition firearms** under appropriate supervision;
 - Authorize my child to **observe a Conducted Energy Device (CED) demonstration**;
 - Confirm that my child is in good health and physically capable of participating in the outlined activities;
 - Agree to notify the organizers of any medical conditions, allergies, or concerns that could affect participation.
-

SIGNATURES:

I HAVE READ AND UNDERSTAND THIS WAIVER, RELEASE, AND CONSENT FORM. I ACKNOWLEDGE THAT I AM VOLUNTARILY SIGNING THIS DOCUMENT AND THAT IT SHALL BE BINDING TO THE FULLEST EXTENT PERMITTED BY LAW.

Full Name of Minor Participant: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Typing name indicates approval

Date: _____