

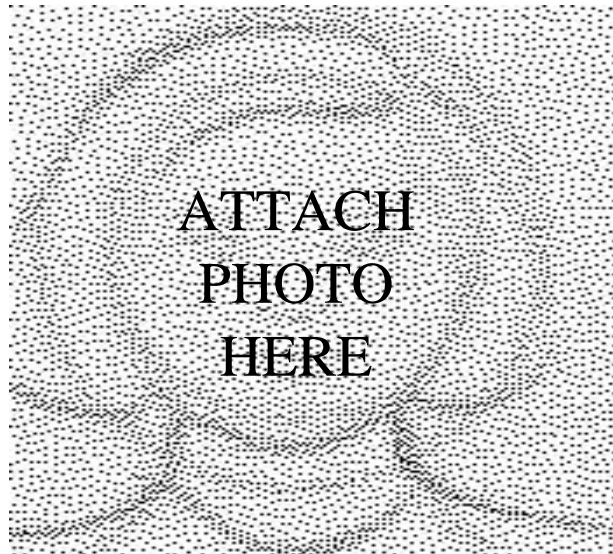
TEANECK POLICE DEPARTMENT



Junior Police Academy 2025 APPLICATION FOR PARTICIPATION

APPLICATIONS MUST BE SUBMITTED BY
Friday, May 30, 2025

Junior Police Academy is scheduled to begin on
Friday, June 27, 2025
Then Monday, June 30, 2025 through Thursday, July 3, 2025



Your photo must be:

- In color
- Printed on matte or glossy photo quality paper
- 2 x 2 inches (51 x 51 mm) in size
- Taken within the last 6 months to reflect your current appearance
- Taken in front of a plain white or off-white background
- Taken in full-face view directly facing the camera
Taken with a neutral facial expression (preferred) or a natural smile, and with both eyes open

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 (Circle One) 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: _____

Date: _____

LIABILITY AGREEMENT

1) I, THE UNDERSIGNED PARENT/ GUARDIAN RESIDING AT _____, TEANECK, STATE OF NEW JERSEY, DO HEREBY GIVE MY SON/ DAUGHTER PERMISSION TO ATTEND THE TEANECK JUNIOR POLICE ACADEMY AND IN CONSIDERATION OF ALLOWING HIM/ HER TO PARTICIPATE IN THE ABOVE NAMED PROGRAM, I VOLUNTARILY AND KNOWINGLY RELEASE AND DISCHARGE THE TEANECK JUNIOR POLICE ACADEMY, TEANECK POLICE DEPARTMENT, TOWNSHIP OF TEANECK, AND ALL INSTRUCTORS AND PARTICIPANTS IN THIS PROGRAM AS WELL AS ALL OTHERS WHO MAY BE LIABLE FROM ALL CLAIMS, PRESENT AND FUTURE, KNOWN OR UNKNOWN, IN ANY MATTER ARISING OUT OF HIS/ HER PARTICIPATION IN THE TEANECK JUNIOR POLICE ACADEMY.

2) I ALSO ACKNOWLEDGE THAT [CHILD'SNAME] _____ 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 EVIDENCE BY MY SIGNATURE.

3) THE UNDERSIGNED ALSO UNDERSTANDS THAT THE JUNIOR POLICE ACADEMY GENERATES INTEREST FROM THE NEWS MEDIA, BOTH PRINT, INTERNET AND TELEVISED, AND AUTHORIZES THE RELEASE OF MY CHILD'S IMAGE FOR USE IN ANY NEWS MEDIA STORY RELATING TO THE JUNIOR POLICE ACADEMY. I ALSO AUTHORIZE THE RELEASE OF MY CHILD'S IMAGE (NOT NAME) FOR USE IN ANY AND ALL PRESENTATIONS OR OTHER MEDIA TO BE USED FOR OR BY THE TEANECK POLICE DEPARTMENT REGARDING THIS PROGRAM.

Name: _____

Signature: _____

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.