



*" LEADING THE WAY TO A SAFER COMMUNITY "*

## Woodbridge Junior Police Academy

The Woodbridge Police Department is proud to announce our 9<sup>th</sup> Annual Junior Police Academy. It will be held at Avenel Middle School. The one week camp has two sessions:

- **July 8th through July 12th or July 15th through July 19th**

The camp is designed for Woodbridge residents going into grades 6<sup>th</sup> through 8<sup>th</sup>. The academy's goal will be a character building program, and also will teach the children different aspects of police related topics, teamwork and **DISCIPLINE**. **THIS PROGRAM IS VERY DISCIPLINE ORIENTED. DISCIPLINE, DISCIPLINE, DISCIPLINE, DISCIPLINE! THERE WILL BE PHYSICAL ACTIVITY!**

The fee for the week is \$100.00 and each student will receive a baseball cap, 1 tee shirt, 1 pair of shorts and a hydrating backpack.

Each student **must** bring their own lunch.

This program has a **limited class size** and will not exceed **50** students per the weekly session.

The program will offer an introduction to:

- Motor vehicle stops
- Fatal Vision goggles and the effects of drinking and driving
- A SWAT team demonstration
- Tour of adult correctional facility
- Crime scene and identification
- Fire and First Aid
- Physical Fitness/ **DISCIPLINE!**
- Agility Course
- Self Defense

\*The SWAT team demonstration will be conducted at the Woodbridge Pistol Range. Students will attend as spectators only and will be provided with appropriate and mandatory eye and ear protectors. This will be a live fire demonstration and will be carried out under stringent safety standards.\*

For additional information you can contact the Office of Community Affairs, Detective Joelle Slossberg at 732-726-2318 or Detective Mark Zeno at 732-602-7327.



# Woodbridge Police Department Junior Police Academy

Community Affairs Ph: 732-726-2318 or Det. Mark Zeno Ph: 732-602-7327

Community.affairs@twp.woodbridge.nj.us mark.zeno@twp.woodbridge.nj.us

## LIABILITY WAIVER & SIGN-UP FORM

The Woodbridge Police Department will be providing a baseball cap, t-shirt, 1 pair of shorts and a hydrating backpack to all students who attend the academy. The cost for the week is \$100.00 payable to the Township of Woodbridge c/o the Junior Police Academy, attn: Community Affairs, 1 Main St. Woodbridge, N.J. 07095. This training is available to Woodbridge Township School Children in the 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grades. Due to class size limitations, the Junior Police Academy will be on a first come, first served basis. Hours: 8:30 am – 3:00 pm. Deadline for signup is Monday, June 10<sup>th</sup> 2019. **YOU WILL BE RESPONSIBLE FOR BOUNCED CHECK FEES**

### Child's Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

**Has your child attended before?  
If so, what year(s): \_\_\_\_\_**

**Allergies/Chronic Illness or other Medical Conditions the staff should be aware of:** \_\_\_\_\_

### Uniform

**Circle 1 size for T-shirt and 1 size for Shorts (Mesh)**

T-shirt Size (Adult): S M L XL

Short Size (Adult): S M L XL (Youth): S M L XL

**Additional shirts and shorts may be purchased for \$10.00 each, due with the signup fee.**

### Academy Preference:

Avenel Middle School – July 8<sup>th</sup> through July 12<sup>th</sup> \_\_\_\_\_

Avenel Middle School – July 15<sup>th</sup> through July 19<sup>th</sup> \_\_\_\_\_

I \_\_\_\_\_ hereby give my permission for myself/my child to participate in the Woodbridge Police Department Junior Police Academy, and assume the risk thereof.

I do agree for myself/my child at all times to keep the Woodbridge Police Department, the Woodbridge Board of Education, the Woodbridge Municipal Alliance, volunteer or paid personnel and the Township of Woodbridge free, harmless and indemnified from any and all liability for injury I/my child might sustain as the result of said participation and will not hold the Woodbridge Police Department, the Woodbridge Board of Education, volunteer or paid personnel or the Township of Woodbridge responsible for any losses that may occur.

I remise, release, acquit, satisfy and forever discharge the Township of Woodbridge, the Woodbridge Township Police Department, the Woodbridge Municipal Alliance, the Woodbridge Board of Education and any parties involved in this event of and from all manner of actions, causes of action, suits, debts, covenants, damages, injuries and or demands whatsoever, which said Applicant ever had, now has, or which any personal representative, successor, heir or assign of said Applicant hereafter can, shall or may have, against said parties, by reason of any matter. I hereby assume full responsibility for any expenses incurred as the result of any injury incurred through my or my child's participation in this activity.

Photographs, video and audio recordings of the participant, while participating in a Woodbridge Township Program may be made. I hereby permit, consent and authorize such materials of myself/my son/daughter as an individual or part of a group with or without text to be used by the Woodbridge Police department, the Woodbridge Board of Education, the Woodbridge Municipal Alliance or the Township of Woodbridge. Also, please be aware that no jewelry is to be worn by any attendee during camp hours.

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

### **EMERGENCY MEDICAL TREATMENT**

As a parent/guardian of \_\_\_\_\_, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurements, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

### **PARENT/GUARDIAN INFORMATION PLEASE PRINT LEGIBLY OR TYPE!!**

Name \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address \_\_\_\_\_ **EMAIL (REQUIRED)** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### **OTHER EMERGENCY CONTACT INFORMATION**

(Indicate Relation)

Other Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_