



Woodbridge Police Department Junior Police Academy

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

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LIABILITY WAIVER & SIGN-UP FORM

The Woodbridge Police Department will be providing a baseball cap, t-shirt, 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, **PLEASE MAIL YOUR APPLICATION AND PAYMENT TO:** Woodbridge Police Dept., Attn: Community Affairs, 1 Main St. Woodbridge, N.J. 07095. This training is available to Woodbridge Township School Children in the 6th, 7th and 8th 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 Friday, June 11th 2021.** **YOU WILL BE RESPONSIBLE FOR BOUNCED CHECK FEES**

Child's Information

Name _____ Age _____ Grade _____ Boy _____ Girl _____

Allergies/Chronic Illness or other Medical Conditions the staff should be aware of: _____

Uniform

Shirt Size (QTY): _____ S _____ M _____ L _____ XL (Adult Sizes Only)

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

Academy Preference:

Iselin Middle School – July 12th through July 16th _____

Iselin Middle School – July 19th through July 23rd _____

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!! COVID-19 PRECAUTIONS WILL BE TAKEN!

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: _____