



# CLIFTON POLICE DEPARTMENT JUNIOR POLICE ACADEMY



## RELEASE

THE UNDERSIGNED agrees to indemnify and save harmless the City of Clifton, Clifton Police Department, their officers, agents, servants, and/or employees (hereinafter collectively referred to as the "City of Clifton"), against any and all liability, claims, judgments, demands, attorney fees, and/or expenses whatsoever, in connection with the loss of life, personal injury and/or damage to property arising out of, or resulting in whole or in part, in my child's participation in the Clifton Police Department Junior Police Academy.

I further grant the City of Clifton permission to use photographs and/or video footage of my child taken during their participation in the Clifton Police Department Junior Police Academy program and consent to the use of such materials by the City of Clifton in promotions such as brochures, newsletters, promotional publicity and/or websites pertaining to the Junior Police Academy program. I waive all right to be compensated for the use of such materials by the City of Clifton.

I understand that the City of Clifton will make every reasonable effort to contact me as soon as practicable in the event of a medical emergency involving my child. In the event that I cannot be immediately reached in the case of a medical emergency or the circumstances of the emergency are such that my child requires immediate medical care before I can practicably be reached/notified, I grant the City of Clifton permission to provide and/or authorize medical care of my child in the case of such a medical emergency. In addition, I hereby give permission to the City of Clifton to provide authorization to any medical professional to provide medical care and treatment to my child as may be deemed medically necessary by the medical professional. I further give permission to the City of Clifton to provide and/or arrange for the emergency medical transportation of my child and, if necessary, the hospitalization of my child.

Cadet's Name: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Parent(s)/Guardian(s) Signatures: \_\_\_\_\_

Dated: \_\_\_\_\_



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## INFORMATION SHEET

Please print legibly and mail back as soon as possible to:

**Clifton Police Department**

**c/o Juvenile Bureau**

**900 Clifton Avenue**

**Clifton, NJ 07013**

**Name:** \_\_\_\_\_

**First**

**Middle**

**Last**

**Address:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **School :** \_\_\_\_\_

**Guardian(s)/Parent(s) Name:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **eMail:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone #:** \_\_\_\_\_

**Relationship to Cadet:** \_\_\_\_\_

**List any known allergies (food/medicine):**

\_\_\_\_\_

**Shirt Size: Small (Adult)** \_\_\_\_\_

**Medium (Adult)** \_\_\_\_\_

**Large (Adult)** \_\_\_\_\_

**Extra Large (Adult)** \_\_\_\_\_



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## MEDICAL & PHYSICAL WAIVER

PLEASE PRINT LEGIBLY

Cadet's Name: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

I understand that this information is given voluntarily and is a part of my child's health record, maintained by the Clifton Police Department. I also understand that this information will be kept confidential.

*The Jr. Police Academy will include heavy strenuous activity. Due to the daily physical activity level it is imperative that the child be in good physical health.*

*For Example: Running  
Push-Ups  
Calisthenics  
Etc.*

If you have any questions please contact Det. Stine at the Juvenile Bureau at (973)470-5882.

Doctor's Name: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

The above Cadet is in good physical condition to participate in the physical training aspect at the Clifton Police Jr. Police Academy.

Doctor's Office Stamp:



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Dear Parent/Guardian,

I would like to thank you for your interest in the Clifton Police Junior Police Academy. Please fill out all of the attached paperwork and return it to the below address **A.S.A.P.**

**Clifton Police Department  
c/o Juvenile Bureau  
900 Clifton Avenue  
Clifton, NJ 07013**

**This does not automatically mean that your child is accepted or enrolled into the program.** Your child's acceptance to the Academy depends on the following:

- The return of your physical eligibility form approved by your physician (Please note the Jr. Police Academy will include heavy strenuous activity such as push-ups, running, calisthenics, etc.)
- Age requirement (12-15)
- Clifton Resident
- Space Availability

Your application is subject for review by the Jr. Police Academy Staff.

Upon successful completion of the above steps you will receive a letter of decision via e-mail.