



City of Summit Police Department

2023 Youth Academy Application



Applicants must be between the ages of 11-14. Summit residents/first time applicants shall be given preference; out-of-town applicants and former cadets will be placed on a waiting list. **Applications accepted beginning March 1, 2023. Submission due no later than April 1, 2023.** Mail applications to the Summit Police Dept. Attn: Youth Academy, 512 Springfield Avenue Summit, NJ 07901 or hand deliver to the Police Records Window located in the lobby of City Hall (M - F 8:30 a.m.- 3:00 p.m.). Classes will run from 8:00 a.m. to 3:00 p.m. daily. CHECK ENCLOSED? **[DO NOT SEND PAYMENT UNTIL NOTIFIED – APRIL 17, 2023]**

REQUESTING SCHOLARSHIP? []

Cost: \$125.00 (Check payment only, made out to “City of Summit” once email confirmation is received from Lauren Karsen on April 17, 2023)

Select ONE Session:

Session 1: July 17-21, 2023: [] Session 2: July 24-28, 2023: []

Applicant Name: _____ Male: [] Female: []
Non-Binary: []

Date of Birth: _____ Current Age (as of 7/16/2023): _____

Home Address: _____

Home Phone: _____

School: _____ Grade (as of 9/2023): _____

Previous Summit Police Youth Academy cadet? Yes [] No []

Parent/Guardian Information

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

REQUIRED E-mail: _____ REQUIRED E-mail: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

***PLEASE NOTE: APPLICANTS WILL NOT BE PERMITTED INTO THE PROGRAM UNLESS PARENTS HAVE ATTENDED THE ORIENTATION MEETING OR SPOKEN PERSONALLY WITH THE PROGRAM DIRECTOR / DEPUTY DIRECTOR**

512 SPRINGFIELD AVENUE, SUMMIT, NEW JERSEY 07901



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Emergency Contact Information

The following designated individuals may act on behalf of the parent/guardian in case of emergency where the parent/guardian cannot be reached. This information **must** be filled out prior to participating in any Youth Academy programs.

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Alternate Contact Number: _____

E-mail Address: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Alternate Contact Number: _____

E-mail Address: _____



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EMERGENCY MEDICAL TREATMENT FORM

TO: EMERGENCY ROOM MEDICAL STAFF

My child, _____, has my permission to participate in the Summit Police Department Youth Academy.

In the event of an illness or injury to my child while participating in this activity, I consent to X-ray examination, anesthesia, medical or surgical diagnostic treatment or procedures that are considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I also give my consent for the attending physician to prescribe and administer any necessary medication needed in the event of a medical emergency.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

FAMILY PHYSICIAN INFORMATION

Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

MEDICAL INSURANCE INFORMATION

Insurance Company Name: _____

Policy Number: _____ Exp. Date _____



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MEDICAL INFORMATION

Please list all medical conditions, medications and allergies that your child may have.

Photo, Media and Copyright Release

I grant the Summit Police Department my permission to photograph, videotape, and/or audiotape my child during activities related to the Summit Police Department's Youth Academy program. These photographs/videos/audios will remain the property of the Summit Police Department and may be used in advertising or marketing campaigns on Summit Police Department's websites, and for promotional and informational material including, but not limited to, flyers, brochures, newsletters, emails, advertisements, newspaper articles, TV or cable interviews/promotions. I understand my child will not be identified by name unless I give my express permission. I hereby waive and release on behalf of my child, any rights to compensation for, or ownership of, such images and/or sounds.

I have read and agree to the terms and conditions of this Photo, Media and Copyright release:

YES, I will allow this. _____ (initials of parent/guardian)

NO, I do not want photos/videos/audio of my child to be utilized. _____
(initials of parent/guardian)



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RELEASE OF LIABILITY FORM

I, _____ the undersigned parent/guardian of _____, residing at _____ Summit, NJ, do hereby give my child permission to attend the Summit Police Department Youth Academy and in consideration of allowing them to participate in the above named program I voluntarily and knowingly release and discharge the Youth Academy, Summit Police Department, City of Summit, 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 manner arising out of their participation in the Youth Academy program.

Participants will have the opportunity to run the agility course, tour the Summit Police Department, the Union County Police Academy, and will be viewing demonstrations from the Canine Unit and Bomb Squad.

This hold harmless agreement is a testament to my understanding of the above evidenced by my signature.

Parent/Guardian's Signature

Date



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UNIFORM ORDER FORM

To ensure that your cadet's uniforms are received in time for the start of the session, please return the completed form with the application by **April 1, 2023**. The forms may be mailed to the Summit Police Department, Attn. Youth Academy, 512 Springfield Avenue Summit, NJ 07901 or you may hand deliver to the Records Bureau located in the lobby of City Hall. Please place the completed form in a sealed envelope addressed to the Youth Academy.

Applicant Name: _____

Home Address: _____

Home Phone: _____

Session 1: July 17-21, 2023: [] Session 2: July 24-28, 2023: []

SHIRT SIZE (circle one)

Adult Small

Adult Medium

Adult Large

SHORTS SIZE (circle one)

Adult Small

Adult Medium

Adult Large

NOTE: Cadets will be required to wear support style athletic sneakers at ALL times. Sneakers without laces or open backs (slip on style) are not permitted.