



# Township of Old Bridge Department Of Public Safety

## OLD BRIDGE POLICE DEPARTMENT YOUTH POLICE ACADEMY

Sessions: July 14 – 18  
August 18 - 22

**Applications for the July 14 – 18 session must be received no later than  
Friday, July 4, 2008**

**Applications for the August 18 – 22 session must be received no later than  
Friday, August 8, 2008**

The **Old Bridge Youth Police Academy** is designed to provide young adults between the ages of 10 and 17 with a better understanding of police in today's society. This Academy will expose cadets to some of the training, procedures and technology utilized by police officers in order to provide the tools necessary to form objective opinions regarding police action. The Old Bridge Township Police Department hopes to increase the awareness and appreciation of law enforcement and our organization.

In a fun and structured environment, your child will learn from Old Bridge's finest and will have the opportunity to interact with other youngsters who share an interest in making Old Bridge a better place.

Youth Police Academy participants learn how and why the laws of our Township came to be and how police officers enforce these laws to protect the citizens of Old Bridge. **The Youth Police Academy is NOT a "Boot Camp" for troubled youth.** It is designed to operate like an actual police academy for those interested in law enforcement.

This program is a "hands on" experience. Recruits receive a T-shirt and cap as their uniform and will participate in interactive role-play, drills and other leadership and team-building activities.

Field trips and demonstrations are just a small part of this great program.

At the conclusion of the Academy Session, students will receive a Certificate of Completion at a planned graduation ceremony.

## **ADVISORY**

The Youth Academy will adhere to a strict paramilitary code of conduct. All cadets will be expected to conduct themselves in accordance with these rules and the Youth Academy's dress code. Uniform Code is a black academy shirt and hat, which will be provided by the academy and black shorts and sneakers. NO EXCEPTIONS!

**Parental consent is required before anyone is allowed to participate in the program.**

## **HOW DOES THE YOUTH POLICE ACADEMY WORK**

The Youth Academy is a one (1) week program, which will meet daily from 08:00 to approximately 12:30 pm. and the dates are as follows:

Session 1	Class 15	High/Middle School Group	July 14 – July 18
Session 2	Class 16	Grammar/Middle School Group	August 18 – August 22

**Cadets will be required to participate in all scheduled activities, including fitness training, military drills, water safety, etc.**

## **WHAT SUBJECTS ARE COVERED IN THE YOUTH POLICE ACADEMY**

The following topics are covered during the academy:

- Accident Investigation
- Crime Scene Investigation
- Range/Firearms Safety
- Radar/DWI Fatal Vision
- Fingerprinting
- Canine Demonstration
- Patrol Procedures/Motor Vehicle Stops
- Physical Fitness Training
- Motorcycle Safety
- Substance Abuse

## **WHAT IS THE COST**

The fee for the Youth Police Academy is \$65.00 per child for the entire week. Make checks payable to the Old Bridge Police Youth Academy. Parents **must** provide transportation for their child.

## **WHO CAN APPLY TO THE ACADEMY**

Any **Township** resident between 10 and 17 years of age can apply with parental consent. **Please ensure that all five pages to the application are filled out completely and they are signed in the appropriate areas.**

**Please return all Application Packets to:**

**Old Bridge Township Police Department  
Police Administration  
One Old Bridge Plaza  
Old Bridge NJ 08857**

**ATTN: DENISE TRIOLO**

**Space is limited.**

**Only the first 40 applicants will be accepted for each class.**



# Township of Old Bridge Department of Public Safety

## YOUTH POLICE ACADEMY APPLICATION

Please complete the following information, print this page, sign where indicated and return to the Old Bridge Police Department with your check in the amount of \$65.00 made payable to the Old Bridge Police Youth Police Academy.

**Session 1 July 14 - 18**

**Session 2 August 18 - 22**

Full Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Please indicate below any and all medical conditions which may preclude your child from participating in academy events.

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Please indicate below any and all special dietary concerns.

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Signature of Applicant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Print name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# Township of Old Bridge Department of Public Safety

## RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned hereby acknowledges that he/she is the parent or legal guardian of (please print child's name) \_\_\_\_\_.

In consideration for their child participating in the Youth Police Academy Program, the undersigned hereby agrees that they will assume full responsibility for any and all risks resulting from the attendance and participation of their child at such functions and activities of the Youth Police Academy Program. The undersigned further releases the Township of Old Bridge and the Youth Police Academy from any and all liability resulting from their child's attendance and participation.

The undersigned further releases the Township of Old Bridge and the Youth Police Academy from any and all liability resulting from their child's attendance and participation.

The undersigned further agrees to indemnify and hold harmless the Township of Old Bridge, its agents, employees, officers, directors and volunteers from any and all claims, demands, expenses and liability, whether for personal injury, death or property damage arising out of the participation of their child in a Youth Police Academy function or activity.

The undersigned further consents to and authorizes the Township of Old Bridge to make use of the child's name, pictures, photographs and any other likeness of my child in newspapers, advertisements or on the Township web-site to further promote this program.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# Township of Old Bridge Department of Public Safety

## 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 completed prior to your child's participation in the Youth Academy Program. Thank you for your cooperation.

### Alternate Contact # 1

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

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

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Alternate Contact # 2

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

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

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



# Township of Old Bridge Department Of Public Safety

## FIELD TRIP PERMISSION/RELEASE FORM

I hereby give permission for my son/daughter (please print name) \_\_\_\_\_  
\_\_\_\_\_ to attend the field trip with the Old Bridge Youth Police  
Academy and its instructors.

The field trip for Session 1 is scheduled for TBA

The field trip for Session 2 is scheduled for TBA

The undersigned hereby acknowledges that he/she is the parent or legal guardian for  
(please print name) \_\_\_\_\_ and hereby agrees that they will  
assume any and all risks resulting from the attendance and participation of their child at  
such functions and activities of the Youth Police Academy Program. The undersigned  
further releases the Township of Old Bridge and the Youth Police Academy from any and  
all liability resulting from their child's attendance and participation.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# Township of Old Bridge Department of Public Safety

## EMERGENCY MEDICAL TREATMENT FORM

To: Emergency Room Medical Staff

My son/daughter (please print name) \_\_\_\_\_ has my permission to participate in the Old Bridge Township Police Youth Academy. In the event of an illness or injury while participating in this activity, I consent to X-rays, 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 the member of medical staff of the hospital furnishing medical services. I also give my consent for the attending physician to prescribe and administer any necessary medication required in the event of a medical emergency.

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

Name of Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Coverage (Company Name): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Telephone Number that I can be reached at: \_\_\_\_\_

List any and all medical conditions, allergies and/or prescribed medications:

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Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

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