

HOLMDEL TOWNSHIP POLICE DEPARTMENT

POLICE YOUTH ACADEMY

APPLICATION FOR ENROLLMENT

"I AGREE THAT IF MY CHILD IS ACCEPTED TO THE ACADEMY, THAT HE/SHE WILL BE PRESENT EVERY DAY INCLUDING GRADUATION ON FRIDAY." WE ARE SORRY BUT THERE WILL BE NO EXCEPTIONS.

(AGES 9 & 10)
August 5 - 9, 2019

APPLICATION DEADLINE: MARCH 29, 2019
NO EXCEPTIONS

(AGES 11 & 12)
August 12 - 16, 2019

T-Shirt Size: (Circle one)

Youth Med <small>(Runs Small)</small>	Youth Large <small>(Runs Small)</small>	Youth X-L	Adult Small	Adult Med	Adult Large	Adult X-L	Adult 2-XL
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Student's Name _____ Age _____ (as of August 2019)
 Date of Birth _____ Sex: Male _____ Female _____
 Address _____ Phone _____
 School _____ Grade in September _____

Contact email address _____

Has your child previously attended the Holmdel Youth Academy? Yes _____ No _____ If so, when? _____

If no, is this your first time applying? Yes _____ No _____

In case of an emergency, please contact:

1. _____ Phone _____ Relationship _____
2. _____ Phone _____ Relationship _____

In the event I cannot make the 3:00 pm dismissal, the following individual(s) have my permission to transport my child home:

1. _____ Address _____ Phone _____
2. _____ Address _____ Phone _____

Personal Health and Medical Record (use back of form or attach separate sheet if necessary)

EMERGENCY MEDICAL INFORMATION: Has, or is susceptible to, the following (check & give details)

- | | | |
|---|---------------------|----------------------------|
| _____ Asthma | _____ Heart Trouble | _____ High Blood Pressure |
| _____ Fainting Spells | _____ Diabetes | _____ Wears Contact Lenses |
| _____ Convulsions | | |
| _____ Allergy or reaction to any medicine, food, plant, animal, or insect toxin | | |
| _____ Any other condition that may require special care, medication, or knowledge | | |

Explain: _____

APPROVED FOR PARTICIPATION IN:

_____ All Activities
(Initial)

Except (Specify):

(Initial Each)

Are there any current health problems? _____ No _____ Yes

Is student now under medical care or taking any Medication(s)? _____ No _____ Yes

Has there been any surgery, injury, illness, allergy or change in health status since student's last physical exam? _____ No _____ Yes

Explain any YES answers in space below:

Is there past or present history of?

	NO	YES	YEAR	DETAILS
Serious Illness	_____	_____	_____	_____
Serious Injury	_____	_____	_____	_____
Surgery	_____	_____	_____	_____
Skin, Glands	_____	_____	_____	_____
Ears, Eyes	_____	_____	_____	_____
Nose, Sinus	_____	_____	_____	_____
Teeth, Tonsils	_____	_____	_____	_____
Chest, Lungs	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Murmur	_____	_____	_____	_____
Rheumatic Fever	_____	_____	_____	_____
Stomach, Bowels	_____	_____	_____	_____
Kidney/Urine Infection	_____	_____	_____	_____
Behavioral Condition	_____	_____	_____	_____

PARENT'S AUTHORIZATION:

To the best of my knowledge, the answers that I have given are correct and complete. I know of no reason to restrict my child's activity, and give permission for participation in all activities except as specifically noted above. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to secure proper treatment for my child.

* _____ *
 Date Parent/Guardian Signature

**Cost of Academy is \$95 - Do not send check with Application.
 (Payable upon notification of acceptance)**

No child will ever be turned away based on their inability to pay the registration cost of the Academy.

**Submit your application to:
 Holmdel Police Department, 4 Crawfords Corner Road, Holmdel, NJ 07733**

* Application must be signed and dated, or it will not be accepted.