



Township of Monroe

County of Middlesex

GRIFFIN BANOS
Chief of Police

DEPARTMENT OF POLICE:
Municipal Complex
3 Municipal Plaza Monroe
Township, NJ 08831

Youth Academy Application

Print Name:	Last	First	Middle
Mailing Address	Number & Street		Town
County	State	Zip Code	

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT APPLICATION

INSTRUCTIONS- Read every question carefully. Answer every question-leave no blank spaces-if question does not apply to you, so state. An applicant will be rejected if the application is illegible or filled out incorrectly. An applicant will be rejected who has intentionally made a false statement of a material fact or practiced, or attempted to practice, any deception or fraud in this application. The **applicant** will prepare the form with the assistance of a parent/guardian. All entries, except the signature, must be typed via fillable PDF form. The signed application must be dropped off to Detective Patrick McCann at the Monroe Township Police Department Monday through Thursday between 0700 hours and 1600 hours. The deadline for the application is May 30th, 2024, however we will only accept the first 50 applications. Entry into the program is first come, first serve and the first 50 **qualified** applicants will be accepted. **Automatic disqualifiers** include past behavioral issues at school and criminal history.

[Detective Patrick McCann](#)

pmccann@monroetwppolice.org

732-521-0222 Ext:163

MONROE TOWNSHIP POLICE YOUTH
ACADEMY FACTS SHEET

Dates/Hours: July 8th -July 12th, 2024. 8:00 A.M.-4:00 P.M.

Drop Off: Monroe Township Middle School

Pick Up: Monroe Township Middle School

Requirements: Students entering 7th or 8th Grade for the 2024-2025 school year

Residency: You must be a Monroe Township resident.

Cost: The Youth Academy is free.

Uniform: Recruits will be given one (1) t-shirt and one (1) baseball cap. Recruits must provide a pair of navy cargo shorts, a black belt, white ankle socks and a pair of RUNNING sneakers.

What is the program all about? The program is designed to give young adults a look into a career in law enforcement by providing team building skills, close order drills, classes and physical training sessions that will help build confidence, promote self-reliance and teamwork. The program will also allow young adults to form bonds with law enforcement officers that are present and working on a daily basis within the community.

How intense is the program? The Youth Police Academy is an extremely intense program that will be strictly monitored. Academy personnel will be present every step of the way to help recruits overcome challenges. At the end of a successful completion, all recruits will be presented with a certificate of completion.

Is the program similar to a boot camp for children with disciplinary issues?

NOT AT ALL. Applicants who do not want to voluntarily participate in the program will not be accepted.

How intense is the physical training? Physical training is designed to be intense and challenging. All recruits will be closely monitored by Academy personnel. NOTE: Medical clearance forms are required prior to the program and they must be signed by the recruit's physician.

Does my child have to attend everyday?

Yes. All recruits are required to attend everyday for successful completion of the program.

Recruits will be subjected to actual crime scene photographs from the Medical Examiner's Office but can excuse themselves from this block of instruction if they wish to do so.

Do I have to attend a parents meeting? Yes. A parent/guardian MUST attend the parent meeting on June 20th, 2024 at 6:30 P.M. at the Monroe Township Municipal Court. If a parent/guardian does not attend the meeting, his/her child will not be permitted to attend the Youth Academy.

MONROE TOWNSHIP POLICE YOUTH ACADEMY

RULES AND REGULATIONS:

- 1. Each day you will report to the academy and be in formation at 8:00 A.M. You are required to be on time and in uniform. Uniform is the issued baseball cap, t-shirt, navy blue cargo shorts, white ankle socks, black belt and running sneakers.**
- 2. You will be dismissed at 4:00 P.M. everyday; if there is a change in time you will be notified the day before.**
- 3. There will be no eating or drinking while class is being conducted unless approved by an Instructor. Instructors will provide breaks as needed.**
- 4. If you need to use the restroom an Instructor must be notified.**
- 5. You will bring your own healthy, bagged lunch with you everyday. A refrigerator will be provided.**
- 6. No jewelry unless it is for religious reasons.**
- 7. Cell phones are allowed but will remain turned off for the duration of the academy. If there is an emergency, an Instructor must be notified. If parents need to get in touch with you they can contact Police Headquarters at 732-521-0222.**
- 8. You must attend the Academy every day for successful completion. NO EXCEPTIONS.**
- 9. If at any time you feel ill/injured contact an instructor and they will accommodate you accordingly.**
- 10. There will be no use of profanity, nor any verbal arguments or physical fighting during the Academy. You will follow the orders of all Academy personnel at all times. Any violations of these rules will result in your parent/guardian being notified and asked to leave the Academy. If you have a conflict with another recruit, notify the Academy personnel immediately.**
- 11. At all times, law enforcement officers and staff will be referred to as "Sir" or Ma'am"**
- 12. At the times we are out of the academy, you will conduct yourself with the utmost respect and professionalism.**

Parent/Guardian Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

MONROE TOWNSHIP POLICE YOUTH ACADEMY APPLICATION

Child's Name _____ Age: _____ D.O.B _____

Address _____

Home Phone: _____ Cell Phone: _____

School: _____ Grade: _____

T-Shirt Size (Adult Sizes Only) S M L XL XXL

Parent/Guardian Name: _____

Address: _____

Parent Home Phone: _____ Parent Cell Phone: _____

Parent Email Address: _____

Relation to Applicant: _____

Emergency Contact Name and Phone # _____

I hereby give permission for _____ to fully participate in the Monroe Township Police Youth Academy, and all activities therein. I understand that my child has to be at the Monroe Township Middle School at 8:00 A.M. each day and will be released at 4:00 P.M. each day. I understand that I am making a commitment to have my child present for all days of this academy.

I fully understand that participants in this program will participate in drill instruction, physical exercise and physical exertion. I understand that they are subject to Police Academy type discipline. I understand that failure to comply with the rules and regulations will result in my child 's dismissal from the academy.

I also give permission for my child to receive any medical or surgical care necessary from a physician, hospital, or emergency squad. I understand that every reasonable attempt will be made to notify me prior to treatment and I give permission for the physician or hospital to treat my child in the event I am not able to provide consent.

BY SIGNING THIS APPLICATION, YOU AGREE THAT ALL THE INFORMATION YOU HAVE PROVIDED IS TRUE TO THE BEST OF YOUR KNOWLEDGE AND YOU AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS CONTAINED HEREIN.

Name of Parent/Guardian: _____

Signature: _____ Date: _____

*****THE MONROE TOWNSHIP POLICE DEPARTMENT MUST BE ABLE TO REACH A PARENT, GUARDIAN, OR EMERGENCY CONTACT AT ALL TIMES THAT THE ACADEMY IS IN SESSION.*****

MONROE TOWNSHIP POLICE YOUTH ACADEMY

MEDICAL CLEARANCE FORM

Please type and sign:

Applicant's Name: _____

Name of Physician: _____

Physician's Address: _____

Physician's Phone Number: _____

BASED UPON A MEDICAL EXAMINATION AND A REVIEW OF THE APPLICANT'S HEALTH HISTORY, I CERTIFY THAT THE APPLICANT IS MEDICALLY FIT TO PARTICIPATE IN THE MONROE TOWNSHIP YOUTH ACADEMY. I UNDERSTAND THE COURSE INVOLVES BUT IS NOT LIMITED TO: RUNNING, STRENGTH TRAINING, PUSH-UPS, SIT-UPS, AND PULL-UPS, MEDIUM PHYSICAL EXERTION AND BASIC PHYSICAL CONDITIONING.

Physician's Signature: _____

License#: _____

Parent/Guardian Signature: _____ Date: _____

MONROE TOWNSHIP POLICE YOUTH ACADEMY
PRESCRIPTION DRUG PERMISSION FORM

Applicant Name:

Name of Medication:

Time of Each Dosage:

Amount of Each Dosage: (I.E. 1 tsp, 1 tbs, etc.)

Prescribing Physician:

Address:

Phone:

I AM THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD. I UNDERSTAND THAT THE REPRESENTATIVES OF THE MONROE TOWNSHIP POLICE DEPARTMENT WILL NOT ADMINISTER THE MEDICATION(S) TO MY CHILD, BUT WILL ALLOW MY CHILD TO POSSESS ONE (1) DAYS DOSAGE OF THE MEDICATION AND WILL ENDEAVOR TO REMIND MY CHILD TO TAKE THE MEDICATION AT THE PRESCRIBED TIME. I HAVE READ AND UNDERSTAND THIS FORM. I UNDERSTAND THAT I CAN PERSONALLY ADMINISTER THE MEDICATION TO MY CHILD OR ARRANGE TO HAVE A RESPONSIBLE ADULT DO SO DURING THE TIME THAT MY CHILD PARTICIPATES IN THIS PROGRAM.

I HEREBY WAIVE AND RELEASE THE TOWNSHIP OF MONROE POLICE DEPARTMENT AND/OR THE TOWNSHIP OF MONROE, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MY CHILD IN THE EVENT HE OR SHE MISSES A DOSE OF HIS OR HER MEDICATION.

Signature of Parent/Guardian:

Print Name:

MONROE TOWNSHIP POLICE YOUTH ACADEMY

MEDIA CONSENT, WAIVER, AND RELEASE

I, _____ am aware that there may be representatives from various media outlets attending the Monroe Township Youth Police Academy program during the week long program.

The media may be taking photographs, video or other forms of electronic media. They may also interview the recruits for print or electronic media publication.

Additionally, members of the Monroe Township Police Youth Academy staff will be taking still photographs and video during the course of the program. These video and/or still photographs may also be used by media outlets.

These videos and/or still photographs on websites including but not limited to the official Monroe Township site, the official Monroe Township Police Department site, the official Monroe Township Police Department Facebook site, the official Monroe Township Police Department Instagram account, the official Monroe Township Police Department Twitter account or a private video/photo sharing site for access only by authorized persons.

I understand these points and consent to my child's image, likeness, photograph, and/or video clip to be used in the manner depicted above.

I have read and fully understand the contents of this consent, waiver and release form and I sign it freely and voluntarily.

Applicant's Name: _____

Parent/Guardian Signature: _____ --

MONROE TOWNSHIP POLICE YOUTH ACADEMY
WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY
AGREEMENT

Applicant's Name: _____

Parent/Guardian Initial Next to Each:

____ **Waiver:** In consideration of the Applicant named above being permitted to voluntarily participate in the Township of Monroe Police Youth Academy , I, for myself, my child and our heirs, personal representatives, and/or assigns, **do hereby release, agree to hold harmless, and waive any claim against, discharge from liability, and promise not to sue** the Township of Monroe Police Department and/or the Township of Monroe or their respective officers, employees, volunteers, and or agents for liability from any and all claims including the negligence of the Township of Monroe Police Department and/or the Township of Monroe or their respective officers, employees, and agents, with respect to any and all personal injury, accidents, illnesses (including death or catastrophic injury), or property loss or property damage arising from, but not limited to, the above applicant's participation in the Monroe Township Police Youth Academy.

____ **Assumption of Risk:** Participation in the Monroe Township Police Youth Academy carries with it certain inherent risks of injury that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks of injury vary from one activity to another, but may range from and include, but are not limited to: 1) minor injuries such as scratches, bruises and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; 3) catastrophic injuries including paralysis and death.

____ **Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD the Township of Monroe Police Department and/or the Township of Monroe HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney fees brought as a result of my involvement in the Monroe Township Police Youth Academy and to reimburse it for any such expenses incurred in defense of such claims or actions.

____ **Severability:** The undersigned further expressly agrees that the foregoing waiver of liability, assumption of risk, and indemnity agreement is intended to be as broad and inclusive as is permitted under New Jersey Law and that if any provision of this document is held invalid, it is agreed that the balance shall continue in full legal force and effect.

____ **Monroe Township Police Youth Academy:** I hereby acknowledge that the Monroe Township Police Youth Academy includes participation in the activity set forth above, as well as any customary and preparatory activities associated therewith, such as setting up materials and equipment, breaking down equipment and materials, practices, tryouts, training, conditioning, and travel to and from events associated with the Monroe Township Police Youth Academy. I further agree that my child will comply with all rules of the program and any instructions or orders issued by the program coordinators in connection with the program.

MONROE TOWNSHIP POLICE YOUTH ACADEMY

WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY
AGREEMENT FORM

___ **Acknowledgement of Understanding:** I have carefully read this waiver of liability, assumption of risk, and indemnity agreement, and understand that I am giving up substantial legal rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by the law. I understand that I have the right to consult with legal counsel regarding this agreement. I also have discussed this agreement with the applicant named above.

Signature of Parent/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____

Phone #: _____

Address of Parent/Guardian: _____

City, State, Zip Code: _____

**AS THE APPLICANT, I UNDERSTAND AND AGREE TO ALL OF THE
OBLIGATIONS PLACED ON ME BY THIS AGREEMENT**

Signature of Applicant: _____

Date: _____

Printed Name of Applicant: _____

Phone #: _____

Address of Applicant: _____

City, State, Zip Code: _____