



City of Summit Police Department Youth Academy

Applicants must be between the ages of 11-14. Summit residents who have not previously attended the program will be given preference; out of town and former cadets will go on a waiting list. **Applications accepted as of March 13, 2017. Deadline April 17, 2017.** Applications may be mailed to the Summit Police Dept. Attn. Youth Academy, 512 Springfield Avenue Summit, NJ 07901 or hand delivered to the Police Records window located in the lobby of City Hall. Classes will run from 8 a.m. to 3 p.m. daily. **PLEASE DO NOT APPLY IF YOU CANNOT COMMIT TO ALL FIVE DAYS & THE GRADUATION CEREMONY.**

CHECK ENCLOSED? _____ REQUESTING SCHOLARSHIP? _____

Choose ONE of the sessions below: Cost: \$100.00 per week (check made out to "City of Summit")

Session 1: July 17-21, 2017 _____ Session 2: July 24-28, 2017 _____

Applicant Name: _____ Age as of 7/17/17 _____

Date of Birth: _____ Male: _____ Female: _____

Home Address: _____

Home Phone: _____

School: _____ Grade as of 9/2017: _____

Have you previously attended the Youth Academy? _____

Parent/Guardian Information

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Work #: _____

Work #: _____

Cell #: _____

Cell #: _____

E-mail: _____

E-mail: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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



City of Summit Police Department Youth Academy

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 before your child can participate in the Youth Academy programs. Thank you for your anticipated cooperation.

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: _____



City of Summit Police Department Youth Academy

EMERGENCY MEDICAL TREATMENT FORM

TO: EMERGENCY ROOM MEDICAL STAFF

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

In the event of an illness or injury to my son/daughter 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 son / daughter 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 at the Summit Police Department. These photographs/videos/audios will remain the property of the Summit Police Department and may be used in advertising or marketing campaigns on the 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)

UNFORTUNATELY, IF YOU DO NOT WISH TO HAVE PHOTOS TAKEN, YOUR CHILD WILL NOT BE ABLE TO ATTEND THE ACADEMY AS WE CONSTANTLY TAKE PHOTOS AND VIDEOS FOR FUTURE USE IN PROMOTING THE PROGRAM.



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RELEASE OF LIABILITY FORM

I, _____ the undersigned parent/guardian of _____, residing at _____, Summit, NJ, do hereby give my son/daughter permission to attend the Summit Police Department Youth Academy and in consideration of allowing him/her 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 his/her participation in the Youth Academy program.

Participate 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



City of Summit Police Department Youth Academy

To ensure that your cadet's uniforms are received in time for the start of the session, please return the completed form, along with the tuition payment of \$100.00 no later than April 17, 2017. The forms and payment may be mailed to the Summit Police Department, Attn. Youth Academy, 512 Springfield Avenue Summit, NJ 07901 or you may hand deliver to the Police Desk located in the lobby of City Hall. Please place the completed form and payment in a sealed envelope addressed to the Youth Academy.

Applicant Name: _____

Home Address: _____

Home Phone: _____

Session Dates: _____

Adult Medium

Adult Large

SHORTS SIZE

Adult Small

Adult Medium

Adult Large

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

THE CITY OF SUMMIT
N E W J E R S E Y

FIRE DEPARTMENT

396 Broad Street, Summit, NJ 07901 • 908-277-1033 • Fax 908-275-5711

B u r e a u o f F i r e P r e v e n t i o n

Dear Parent/Guardian:

You may not know it, but the United States has one of the highest fire death rates in the industrialized world. In fact, each year fire kills more Americans than all natural disasters combined. Since Children under age 10 accounts for almost 25% of all fire fatalities, and these fires are occurring in their very own homes, the Summit Fire Department would like to increase your child's chances of surviving a fire.

Summit firefighters will be teaching burn prevention, hazard identification, and fire escape techniques at your child's school. A key element of this education will include a tour of the fire safety education trailer on _____.

This mobile classroom is specially designed to teach children vital life saving techniques through a fun, safe simulation of common fire hazards. The fire safety education trailer contains a kitchen, living room, and bedroom filled with simulated fire hazards that children should look for in their own homes. These simulated hazards are based on analysis of what is causing real fires in homes.

In addition, the fire safety trailer emits a non-toxic white fog to teach children to crawl low under smoke. A heated door, to simulate a fire, helps children choose the right exit. And a ladder at the bedroom window allows them to practice alternate emergency escape routes (female students should wear pants or shorts on the day they tour the fire safety trailer).

Ingredients of the non-toxic fog are water, propylene glycol, and glycerin, and are considered non-hazardous/non-irritating according to the manufacturer's material safety data sheet. However, if your child suffers from asthma, other respiratory conditions, or allergies that may be irritated by the non-toxic fog, please indicate that on the portion below. Children with these conditions will be removed to outside the fire safety trailer during that part of the presentation.

My child, _____

- May tour the fire safety trailer.
- May NOT tour the fire safety trailer.
- May tour the fire safety trailer, and has an allergy or respiratory condition that may be irritated by the fog and should not be in the fire safety trailer during that part of the presentation.

Parent/Guardians signature

Date