



City of Summit Police Department

2026 Youth Academy Application



Applicants must be entering 6th, 7th, 8th, or 9th grade with a maximum age of 14 at the start of Session 1. 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 2, 2026. Submission due no later than April 1, 2026.** 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 NO SEND PAYMENT UNTIL NOTIFIED – APRIL 15, 2026]**

REQUESTING SCHOLARSHIP?

Cost: \$125.00 (Check payment only, made out to "City of Summit" once email confirmation is received from Lauren Karsen on April 15, 2026)

Select **ONE** Session below: (If no session is checked, we will assume either is acceptable and schedule accordingly.)

Session 1: July 20 - 24, 2026: Session 2: July 27 - 31, 2026:

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

Date of Birth: _____ Current Age (as of 7/20/2026): _____

Home Address: _____

Home Phone: _____

School: _____ Grade (as of 9/2026): _____

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: _____



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***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

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.

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

Parent/Guardian's Signature

Date



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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 at John H. Stamler Police Academy, tour the Summit Police Department, and will be viewing demonstrations from the Canine Unit, Bomb Squad, and other agencies. These demonstrations may include loud noises and flashing lights.

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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2026 Youth Academy Application 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, 2026**. 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 20 - 24, 2026: [] Session 2: July 27 - 31, 2026: []

SHIRT SIZE (check one)

<input type="checkbox"/> Adult Small	<input type="checkbox"/> Youth Small
<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Youth Medium
<input type="checkbox"/> Adult Large	<input type="checkbox"/> Youth Large

SHORTS SIZE (check one)

<input type="checkbox"/> Adult Small	<input type="checkbox"/> Youth Small
<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Youth Medium
<input type="checkbox"/> Adult Large	<input type="checkbox"/> Youth 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.



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Permission to Walk/Bike Home Form

I _____ (parent or guardian, please print) give my Child _____ (juvenile's name) permission to walk or bike home unsupervised at 3:00 P.M. following dismissal from the Summit Police Youth Academy located at 512 Springfield Ave, Summit, New Jersey 07901. If we do not have this signed form, your child will not be released without authorized adult supervision.

Signature of Parent/Guardian: _____ Date: _____



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Attendance Requirement

While we respect and appreciate that children and their families have other obligations or if a child falls ill which may restrict their child from attending all five (5) days of the Summit Police Youth Academy, we highly encourage participants commit and are in attendance for all five (5) days. Due to ceremonial and drill instruction being installed and practiced daily, failure to attend more than one (1) would require remedial instruction for those who have missed days. **Failure to attend less than four (4) days of the Youth Academy may result in the child being held out of the Graduation Ceremony on Friday evening.**

While this is not an ideal outcome for the children or the instructors since we want ALL of the Recruits to participate in the Graduation Ceremony, we ask that parents make every effort for their children be in attendance for the duration of the Youth Academy for their week of enrollment.

I _____ (parent or guardian, please print) have read and acknowledge the above statement and understand that my child may be held out of the Graduation Ceremony if they fail to attend less than four (4) of the five (5) day program.

Signature of Parent/Guardian: _____ Date: _____



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Code of Conduct

1. There will be no use and/or possession of tobacco products, drugs, or weapons.
2. Students are required to arrive no later than 7:55 am. Students must be picked up no later than 3:10 pm (unless the permission to walk/bike home form is signed).
3. Students are expected to adhere to academy rules and regulations.
4. Students are required to obey all orders of academy instructors and are not to leave the classroom without express permission of the instructor.
5. Should a student become ill or injured, the recruit is to report immediately to an instructor.
6. Use of obscene, vulgar, or profane language will not be tolerated.
7. Students will conduct themselves in a professional manner at all times. Physical contact between students is not permitted.
8. Students will show presenters respect. Sleeping, talking (unless called upon), and the use of electronic devices will not be permitted during presentations.
9. Students who ride bicycles/skateboards to the academy must wear helmets.

Dress Code

This academy has been developed to give each student the best possible learning experience. Therefore, it is necessary that students present themselves in a neat and well-groomed manner. A uniform consisting of (1) hat, (1) shorts, (1) tee shirt, socks, and sneakers will be worn at all times. Hair must be neat and not a distraction to other students. Wearing of jewelry is prohibited.

Student Behavioral Contract

The purpose of this contract is to inform the undersigned student that he/she/they must comply with the provisions of the Summit Police Youth Academy and to specific terms set forth in this contract. The recruit understands that due to the nature of this academy, there will be zero tolerance rules in effect. Undesirable conduct, such as horseplay, bullying, or any other violation of the student code of conduct, will result in immediate removal of the student from the academy. This contract is in effect for the safety of all students and to maintain discipline and order. This contract represents an agreement by the student that he/she received a copy of the Code of Conduct and the student agrees to adhere to this code at all times while at the academy.



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Our program is a para-military style boot camp. It is built on discipline and teamwork building skills. We show the recruits every facet of police work. We give them a small sample of what we as police officers experience to become police officers. Our instructors and staff work hard every day and are in this for the children because we want to see these children succeed and have a sense of pride on graduation day. We often have children that come back every year and eventually work with us to help the recruits learn and thrive. Although we realize the program is not for every child, we encourage them all to stay. The ones that stay are overjoyed with pride and confidence on graduation day. They walk away with new friends and a new family, us, the men and women of the Summit Police Department.

Failure to adhere to the rules and regulations of the Academy and/or any disrespect shown to an officer or fellow cadet may result in the immediate expulsion of the student.

Applicant Name (print): _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____