



# City of Summit Police Department

## 2022 Youth Academy Application

Applicants must be between the ages of 11-14. 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 1, 2022. Submission due no later than April 1, 2022.** 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?  REQUESTING SCHOLARSHIP?

*Cost: \$100.00 (Check payment only, made out to "City of Summit")*

Select ONE Session:

Session 1: July 18-22, 2022:  Session 2: July 25-29, 2022:

Applicant Name: \_\_\_\_\_ Male:  Female:

Date of Birth: \_\_\_\_\_ Current Age (as of 7/17/2022): \_\_\_\_\_

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

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

School: \_\_\_\_\_ Grade (as of 9/2022): \_\_\_\_\_

Previous Summit Police Youth Academy cadet? Yes  No

### 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: APPLICANTS WILL NOT BE PERMITTED INTO THE PROGRAM UNLESS PARENTS HAVE ATTENDED THE ORIENTATION MEETING OR SPOKEN PERSONALLY WITH THE PROGRAM DIRECTOR / DEPUTY DIRECTOR**



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### 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 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.**

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## 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.

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)

**NO, I do not want photos/videos/audio of my child to be utilized. \_\_\_\_\_**  
**(initials of parent/guardian)**



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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.

Participants 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.

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Parent/Guardian's Signature

Date



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### 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, along with the tuition payment of \$100.00 no later than **April 1, 2022**. 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 1: July 18-22, 2015: [  ]    Session 2: July 25-29, 2022: [  ]

SHIRT SIZE (choose one)

Adult Small [  ]

Adult Medium [  ]

Adult Large [  ]

SHORTS SIZE (choose one)

Adult Small [  ]

Adult Medium [  ]

Adult Large [  ]

*NOTE: Cadets are required to wear support style athletic sneakers at ALL times.  
Sneakers without laces or open backs (slip on style) are not permitted.*



# The City of Summit New Jersey Fire Department

396 Broad Street, Summit, NJ 07901 (908)-277-1033

Dear Parent/Guardian,

You may not know it, but the United States has one of the highest fire-related death rates in the industrialized world. Annually, more Americans are killed in fire-related incidents than in *all* natural disasters combined. Unfortunately, children under age the age of 10 account for nearly 25% of all recorded fire-related fatalities each year, many of which occur in their very own homes. In an effort to increase their likelihood of surviving a fire-related incident, the Summit Fire Department would like to educate your child about various topics regarding fire safety.

Through lectures, controlled demonstrations, and engaging conversation, Summit Firefighters will provide your child with knowledge in areas such as burn prevention, fire hazard identification, and proven techniques to escape an active structure fire.

One key element of this education will include a tour of our Fire Safety Education Trailer. This training unit was designed from an analysis of common fire causes to educate children about various hazards and vital life-saving techniques through a fun, safe, and fully controlled simulation of a fire in the home. The Fire Safety Education Trailer is equipped with a kitchen, living room, and bedroom that contain numerous controlled examples of fire hazards children should be aware of at all times.

During part of the Fire Safety Education Trailer experience, a non-toxic white fog<sup>1</sup> is emitted inside the unit in order to provide those inside the opportunity to experience the need crawl low under smoke to escape an active fire. Additionally, a heated interior door simulates a fire in an adjacent room and guides the students towards an alternative, safe exit. Lastly, a ladder is placed outside the bedroom window, which students are guided down, allowing them to practice utilizing emergency escape routes. (Please note students should wear pants or shorts on the day they tour the fire safety trailer).

<sup>1</sup>- **Ingredients of the non-toxic white fog:** Water, Propylene glycol, and glycerin. All ingredients 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 become irritated by the non-toxic fog, please provide any/all details below. Children with these or other provided conditions will not be permitted to participate for the smoke simulation experience inside the Fire Safety Education Trailer for their safety, as well as, the safety of all instructors.

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My Child, \_\_\_\_\_,

-May participate in the Fire Safety Education Trailer smoke simulation experience.

- May **NOT** participate in the Fire Safety Education Trailer smoke simulation experience as he/she may become irritated by the described non-toxic white fog due to:

\_\_\_\_\_  
\_\_\_\_\_

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Parent/Guardian Signature

Date