



# **Gloucester Township Police Junior Police Academy**

**Registration Application Packet**

Dear Parent:

Thank you for taking an interest in the Gloucester Township Police Department. Please read this application package carefully and review it with your child who is interested in attending the Gloucester Township Junior Police Academy.

Please understand that the Gloucester Township Police Junior Police Academy is for individuals who have an interest in police service, community, government, and/or a general appreciation for public service. The Jr. Police Academy is not a “boot camp” or a type of “scared straight” program for young people who purposely do not follow rules.

The feedback from the children who attended our Jr. Police Academy last year was greatly positive from both the “cadets” and parents. The goal of course of the program is for the cadets to enjoy themselves while gaining an understanding of demands of police training and service. The Junior Police Academy consists of physical training, lectures, presentations, hands on activities and a field trip. The Junior Police Academy culminates with a graduation for each class. The Junior Cadets will learn how to march and work together as squads. Cadets will learn the importance of being physically fit, staying drug free, teamwork and respect.

Children attending the Jr. Police Academy must at all times adhere to the rules enumerated on Page 4 of this application package. I understand that if my child does not follow the rules while at the Jr. Police Academy he/she he will not be permitted to complete the academy.

I understand that at least one parent or guardian must attend one of the orientation nights as listed in this application package. I also understand that my child may be transported to numerous locations during the day most likely by bus or other modes of vehicle transportation. I also understand that the location in which I drop my child off may not be the same everyday and I will receive specific instruction of the exact location where your child will have to be dropped off.

Thank you again for your interest in the Gloucester Township Police Department. Please read the application carefully and complete all required sections. Please be sure to sign your name on Page 4.

If you have any questions you may contact the Gloucester Township Police Community Relations Bureau, Ptl. Jenn McLaughlin [jmclaughlin@gtpolice.com](mailto:jmclaughlin@gtpolice.com) and/or Ptl. Randy Pearce [rpearce@gtpolice.com](mailto:rpearce@gtpolice.com) or by calling 856-374-5735.

Sincerely,

Lt. Melissa Capanna  
Gloucester Township Police Department  
Community Relations Bureau Commander

Childs Name:									
School Name:					Grade This Coming Fall:				
Date of Birth:				Age at Time of the Academy:				Gender:	
2 <sup>nd</sup> Child's Name:				School Name:				Grade:	
Date of Birth:				Age and Grade:				Gender:	
Home Address:		Street:					Town:		
State:		ZIP Code:				Home Phone:			
Mother/Guardian Name						Cell:			
Email:			Work Address:						
Father/Guardian Name						Cell:			
Email:			Work Address:						
<b>Person Whom The Child Can Be Released To Other Than Parent/Guardian</b>									
Name						Cell:			
Email:			Work Address:						
Relationship To Child:									
Name						Cell:			
Email:			Work Address:						
Relationship To Child:									
Name						Cell:			
Email:			Work Address:						
Relationship To Child:									
<b>T-Shirt Information</b>									
T-Shirt Size:	Kids:	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<b>Adult:</b>	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL
Shorts:	Kids:	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<b>Adult:</b>	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL
<b>Medical Information</b>									
List any and all medications including dosage:									
Describe any allergies:									

Please describe any concerns or special considerations regarding your child:	
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Child's Doctor's Name:	
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Address:		Phone #:	
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**Health Insurance Information**

Subscriber Name:	
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Policy #		Group #:	
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**Medical Waiver**

By completing and signing this Junior Police Academy Application I give my permission of any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

**Photograph Release**

I hereby grant the Gloucester Township Police Department and its representative's permission to use my likeness in a photograph in any and all of its publications, including websites, without payment or any other consideration. I understand and agree that these items will become the property of the Gloucester Township Police Department and will not be returned. I hereby irrevocably authorize Gloucester Township Police Department to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing events and activities administered by the Gloucester Township Police Department or for any other lawful purpose. In addition I waive the right to inspect or approve the finish product, including written or electronic copy, wherein my likeness appears. I hereby hold harmless and release and forever discharge the Gloucester Township Police Department and its representatives from all claims, demands and cause of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. If I choose not to authorize in having my child's photograph utilized in any publications I shall affix a letter stating such to this application at the time of submission of this application. I also understand that I will receive a letter from the Gloucester Township Police Department prior to the start of the police academy acknowledging that I am not authorizing my child or the child's photograph to be utilized in any publications.

**Refunds**

I understand that should I need a refund for any reason, that I need to request it before 20% of the program is done, minus a \$10.00 processing fee and it may take up to 3-45 days to process a refund. All returned checks are subject to a \$25.00 fee. In the event my child is not accepted into the program prior to starting the academy class I will receive a full refund; however, I do understand that the refund process may take up to 45 days.

**JR Police Academy Session Selection**  
(Choose appropriate age group and choose a first and if applicable a second choice.)  
(All Times are 8:30 AM-3:00 PM Monday – Friday)

Ages 10-12	<input type="checkbox"/> Session 1: July 18-22, 2022	Ages 13-15	<input type="checkbox"/> Session 2: July 25-July 29, 2022
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Advanced Ages 10-12	<input type="checkbox"/> Session 3: Aug. 1-Aug. 5, 2022	Advanced Ages 13-15	<input type="checkbox"/> Session 4: Aug. 8-Aug 11, 2022
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**Tuition Fees**  
(Checks Only – Payable to Township of Gloucester)

Total Amount Paid:	\$125 Per child per session. An additional \$25.00 fee for non-residents per child.
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**Required Parent Orientation**

I understand that at least one parent/guardian must attend the parent orientation night in order for your child to attend this Junior Police Academy. **All parents are required to attend an orientation night.**

Parent Orientation Night \*\*\*If your child attended a previous year, attendance is not needed\*\*  
**BASIC CLASSES - Wednesday, June 22, 2022 6 PM Courtroom**  
**ADVANCED CLASSES - Wednesday, June 22, 2022 7 PM Courtroom**

**Firearms Safety Lesson and Demonstration**

I understand that my child will receive a firearm safety lesson which includes a review and modeling of various types of police firearms. Children attending the Jr. Police Academy advanced course will have the opportunity to view such police weapons fired at the Gloucester Township Police Training Facility as part of a fire safety lesson and demonstration. I understand that I can choose not to have my child participate in the Firearms Safety Lesson and he/she can be provided an alternate activity. If I choose not to authorize my child to have the Firearms Safety Lesson I shall affix a letter stating such to this application at the time of submission of this application. I also understand that I will receive a letter from the Gloucester Township Police Department prior to the start of the police academy acknowledging that I am not authorizing my child to participate in the Firearms Safety Lesson.

**Jr. Police Academy Rules**

<ol style="list-style-type: none"> <li>1. Respect yourself and others</li> <li>2. Raise your hand if you would like to speak</li> <li>3. When you are acknowledged, you will stand and respond with “yes sir, no sir, yes ma’am and no ma’am</li> <li>4. Pay attention to the speaker</li> <li>5. All participants will follow directions of all police officers or civilian instructors</li> <li>6. No foul language</li> <li>7. No “horse play” allowed</li> <li>8. Academy t-shirt, shorts and hat are to be worn every day. Please wash daily!</li> </ol>	<ol style="list-style-type: none"> <li>9. Video games, iPods, etc. are not allowed</li> <li>10. No Jewelry permitted</li> <li>11. You are expected to conduct yourself properly at all times. Proper decorum is demanded</li> <li>12. If cell phone is brought to camp it must be turned off.</li> <li>13. No teasing, name calling or harassing fellow classmates</li> <li>14. Violation of the rules or excessively distracting behavior will result in the removal from the program without refund.</li> </ol>
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I understand that these rules are in addition to Gloucester Township Summer Camp Rules as well as the rules, policies, and guidelines presented at the mandatory parent/guardian orientation. I also understand that students who do not follow the rules may not be permitted to complete the Jr. Police Academy.

**Parent/Guardian Consent and Waiver**

I, the parent/ guardian of the participant listed in the application package, so hereby consent and allow his/her participation in the above program. I agree to indemnify and hold harmless the Township of Gloucester, its agents and employees from any injury or damages I or my child may sustain while participating in this program. I have received and understand the policies for Gloucester Township Summer Camps and I have carefully reviewed this application package.

Parent Name:		Date:	
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<b>SIGN HERE →→→→</b>	Parent Guardian Signature:	
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**For Office Use Only:**

**Resident:** \_\_\_\_\_ **Non-Resident:** \_\_\_\_\_

Twp Receipt #: \_\_\_\_\_

Cash: \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_