MANCHESTER TOWNSHIP POLICE
YOUTH POLICE ACADEMY

Application:

Name: _____

Date of Birth: _____

Home Address: _____

Home Telephone Number: _____

Parents Work Number: _____

Parents Cell Phone Number_____

Email address: _____

Current School: _____

T-Shirt size (Adult size): SMALL MEDIUM LARGE X-LARGE
(Please circle one)

If not available in case of emergency, notify:
_____
Phone number of Emergency Contact:
_____
Name of person carrying insurance:
_____
Name of Insurance Company (If Applicable):
_____
Insurance I.D:_____ Group Number: _____
Does applicant have any allergies? _____
If yes, what: _____
Describe reaction to allergy and how is it treated:
_____
Is any physical activity to be limited?
_____

Is there any other illness/injury that we should know about?_____

Applicants Signature and Date_____

MANCHESTER TOWNSHIP POLICE
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Please provide a brief essay response to the following question:
Why do you want to participate in the Manchester Township Youth Police Academy? What do you hope to accomplish?
(Write in the provided space below or attach essay to application)

MANCHESTER TOWNSHIP POLICE
YOUTH POLICE ACADEMY

Medical Release Form
Emergency Authorization

Juvenile's name:
_____
I hereby give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to above named child whose health history appears on the reverse side if needed. This form may be photocopied for use during the program.

Signature of parent or guardian:
_____
Date: _____

Waiver of Civil Liability

Juvenile's name:_____Date:_____

I hereby waive any and all claims and demands of whatever nature, which I have or may hereafter acquire against the Township of Manchester, its officers, the Youth Police Academy, its officers and agents, as a result of my permission for my child's participation in the Youth Police Academy from August 2nd to August 5th. 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. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part and my child.

Parent/Guardian's Name: _____

Please sign:_____

Dated: _____

MANCHESTER TOWNSHIP POLICE
YOUTH POLICE ACADEMY

Media Release Form:

I grant permission for the Manchester Township Police Department and its subordinates, to use my son or daughter's name and/or photographs for use in any media publications, or newsletters. I hereby waive any right to inspect or approve the finished photographs printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph. I hereby agree to release, defend, and hold harmless the Manchester Police and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. I certify that I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name of Applicant (please print)
_____

Date: _____

Signature of parent or legal guardian_____

MANCHESTER TOWNSHIP POLICE
YOUTH POLICE ACADEMY
Medical Certification Form:

Applicant's name: _____

DOB : _____

Name of Physician: _____

Physician's Address:
_____
_____

Physician's Phone Number: _____

_____
Certification by Physician

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 Physical Conditioning and Defensive Tactics as part of the Manchester Township Youth Police Academy.

_____
Physician signature

Date: _____