

TOWN OF DOVER POLICE DEPARTMENT

2024 Junior Police Academy Registration

July 29, 2024 – August 2, 2024

MONDAY - FRIDAY 7:45 A.M. – 2:00 P.M.

Applications should be completed and returned no later than June 1, 2024. They may be dropped off at the Dover Police Headquarters or emailed to communityaffairs@doverpolicenj.org

ATTENTION: COMMUNITY AFFAIRS BUREAU

Birth Certificate: Yes No Proof of Address: Yes No

T-Shirt Size: (Youth / Adult) (XS S M L XL)

Shorts Size: (Youth / Adult) (XS S M L XL)

CHILD'S NAME: _____ Address _____

DATE OF BIRTH: ____/____/____ AGE: ____ MALE: FEMALE: SCHOOL: _____ GRADE: _____

I/WE, the parents of the above named candidate, hereby give my/our permission to his/her participation in the program activities. I/WE assume all risks and hazards incidental to such participation; and I/WE shall defend, indemnify, protect and save harmless the Town of Dover, its Commissions, Boards, agents, officials, employees, servants, volunteers, invitees or guests, each and every one of them, against all claims occurring as a result of incidents on the Town of Dover property or through participation in a program organized or sponsored by the Town of Dover or any of its Commissions or Boards, just or unjust, made against the Town of Dover, its commissions, Boards, agents, officials, employees, servants or volunteers, on accounts of injuries, deaths, losses of any kind whatsoever, damages, suits, liabilities, judgments, costs and expenses which may in any way accrue against the Town of Dover, its Commissions, Boards servants or volunteers, in consequence of the participation in whatever capacity of the above named candidate whether or not it shall be alleged or determined that the cause thereof was the negligence, acts, or omission of the Town of Dover, its Commissions, Boards, agents, officials, employee, servants or volunteers or of other persons, and the undersigned shall at their own expense, appear, defend and pay all charges of attorneys, all costs, and other expenses arising there from or incurred in connections therewith, and at their own expense satisfy and discharge any judgements rendered against the Town of Dover. I/WE will furnish a certified birth certificate of the above-named candidate to the Dover Police Department Officials. I/WE agree to return upon request any equipment issued to our child in as good condition as when received, except for normal wear and tear. I/WE will furnish transportation to and from the summer program for my/our child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____

EMAIL: _____

EMERGENCY TREATMENT AUTHORIZATION FORM

TO WHOM IT MAY CONCERN:

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of medical emergency, which in the opinion of the attending physician, may endanger my child's life and cause disfigurement, physical impairment, or undue discomfort if delayed. This authorization is granted only after a reasonable effort has been made to contact me.

Name of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ - _____ - _____ Alternate Phone #: _____ - _____ - _____ Work Phone #: _____ - _____ - _____

Physician: _____ Phone #: _____ - _____ - _____

Date during which release is granted: **FROM JULY 29, 2024 TO AUGUST 2, 2024.**

EMERGENCY CONTACTS

Name of Emergency Contact #1: _____ Relationship to Child: _____

Cell Phone # of Emergency Contact #1: _____ - _____ - _____

Name of Emergency Contact #2: _____ Relationship to Child: _____

Cell Phone # of Emergency Contact #2: _____ - _____ - _____

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL FOR THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

Parent/Guardian Signature: _____ Date: ____/____/____

TOWN OF DOVER POLICE DEPARTMENT

37 NORTH SUSSEX STREET

DOVER, NEW JERSEY 07801

Telephone #: 973-366-0302

DOVER POLICE DEPARTMENT HEALTH HISTORY

** This form must be returned with parent/guardian signature before participation can be permitted. **

The Town of Dover Police Department values your privacy. Health History information is available only to the Police, Nurse and EMT on-site.

Please indicate areas related to any current or previous health concern.

Health Conditions

Please circle all that apply.

ADHD/ADD Asthma Autism Spectrum Disorder Diabetes Hearing Impairment Heart Problems

Orthopedic Impairment Seizures Visual Impairment

Specific Learning Disabilities

Allergies

Auditory Processing Disorder: Yes / No Peanuts/Nut Allergy Bee Sting Dairy Other _____ NONE

Emotional Disturbances

Anxiety Depression Bipolar OCD - Terms used by the Individual with Disabilities Education Act (IDEA)-

Is your child currently under a physician's care for any condition not listed above that we should be aware of?

YES NO

Please Explain: _____

Any other problems of Areas of concern, such as activities to be avoided that staff should be aware of?

YES NO

AUTHORIZATION

My child has permission to engage in all scheduled activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated special health conditions, including required medication, and I understand that the summer program staff is not allowed to administer such medication. I have indicated activity limitations which should be known to the program staff and medical personnel. I am aware of and accept the risk of inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____ / ____ / ____

**** Sunscreen should be brought in by children for skin protection. ****

TOWN OF DOVER POLICE DEPARTMENT

37 NORTH SUSSEX STREET

DOVER, NEW JERSEY 07801

Telephone #: 973-366-0302

Dover Police Department Anti-Bullying Policy Acknowledgement and Agreement

**** This form must be returned with all signatures before participation is permitted. ****

- A. **Definition:** Bullying is unfair and one-sided. It occurs when someone keeps hurting, frightening, or leaving someone out intentionally. Bullying always involves an imbalance of power that is not necessarily based on physical size.
- B. **Reporting:** All staff members, employees, parents, volunteers, and program participants associated with the Town of Dover Police Department and its programs have an obligation to immediately report all acts of bullying to the person in charge of the event or activity. The report can be an oral report.
- C. **Investigation:** All reports of bullying will be taken seriously and immediately investigated. Parents will be informed as to the determination.
- D. **Consequences for Violation of Policy:** The Town of Dover Police Department has **no tolerance** for bullying. Program activities violating the Anti-Bullying Policy shall be subject to progressive disciplinary action. Any child removed from an activity/program for disciplinary reasons, forfeits any fees paid to the Dover Police Department. Disciplinary action can include:
- Conference with the program coordinator or activity leader.
 - Parental Conference
 - Suspension from Activity/Program (ranges from "time out" to suspension of the program, depending on the severity of the offense)
 - Removal from the Program in its entirety
 - Law Enforcement involvement
- *** This list is not intended to be all inclusive ***

NOTE: Participants making false reports shall be disciplined in the same manner defined in section "D".

Acknowledgement, Release and Agreement:

By signing this form, parents and participants acknowledge their understanding of this agreement and their willingness to remain compliant with the anti-bullying policy. Signatures further indicate that the parties understand that removal from the Dover Police Department program for a violation of this policy will result in forfeiture of all funds paid for participation. Program participants and their parents/guardian agree to hold harmless the Town of Dover, its employees, volunteers, and Town of Dover Police Department employees and elected officials from any and all liability arising under this policy.

Program Participant Print Name: _____ Signature: _____ DATE: ____ / ____ / ____

Parent/Guardian Print Name: _____ Signature: _____ DATE: ____ / ____ / ____

TOWN OF DOVER POLICE DEPARTMENT PROGRAM POLICY

The following is hereby declared to be the policy of the Town of Dover Police Department, hereinafter "Dover," as to its summer program:

1. Hours of Operation:

The hours of operation of the Town of Dover Police Junior Academy Program shall be 8:00 A.M. to 2:00 P.M., Monday through Friday. Drop off time will be between 7:45 A.M. and 8:00 A.M. Pick up will be at the American Legion (2 Legion Place Dover, N.J.), promptly at 2:00 P.M.

2. Eligibility:

Children who are residents of the Town of Dover or Victory Gardens are considered residents and may participate in the Town of Dover Police Junior Academy Program. Children must be between school grades 5-8. Dover reserves the right to request a birth certificate to confirm a child's age. Dover also reserves the right to request proof of residency.

3. Attendance:

Attendance is mandatory, those children who attend for the day must be dropped off by a parent/guardian and the parent/guardian must sign-in and sign-out their child(ren) with a staff member noting the time of arrival and departure. After a child is dropped off, that child may not leave the program unless picked up by a parent/guardian or designated person. Proper identification may be required to identify the parent, guardian or designated person who is picking the child up during the day.

THE ACADEMY WILL CLOSE AT 2:00 P.M. SHARP! Children must be picked up no later than 2:00 p.m. A parent or guardian may, provide written notification to the Town of Dover Police Junior Academy Program stating that they wish their children to walk to and from the program without being dropped off. In those cases, where there is written instruction to permit walkers, the children will be allowed to appear at the Dover American Legion without parent or guardian and leave at the end of the day without parent or guardian, but such child must sign in and sign out. During the day, those children who walk, will not be allowed to leave the program except with special written permission by their parent or guardian.

4. Medications:

Our program staff members are not allowed to administer any medications. Children requiring medications to be administered during the day shall not be permitted to enter the program, unless a parent or guardian makes alternate arrangements for the administration of medication.

5. Behavior:

This program maintains a zero-tolerance policy for insubordination or inappropriate behavior during the program. Dover reserves the right to expel any child from the program who is insubordinate or who behaves improperly. This shall be in the sole discretion of the Town of Dover Police Department staff. There is no right of appeal or hearing.

6. Electronic games and cell phones:

Children are not allowed to bring electronic games to the program. Children may carry cell phones with the written permission of their parents. Dover will not be responsible for any electronic equipment or cell phones brought by children to the program that are lost, stolen or damaged. Parents who send electronic games or cell phones with their children are at their sole risk.

7. Photographs: From time to time, staff members may take photographs of children in the program, which they utilize in their brochures or publications. By entering a child in the program, parents grant permission for the Town of Dover Police Department to utilize a picture containing their child's photograph for publicizing its program. No personal information regarding your child shall be published.

Child Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

**TOWN OF DOVER POLICE DEPARTMENT
RELEASE/WAIVER AND INDEMNIFICATION
AND HOLD HARMLESS AGREEMENT**

The undersigned hereby agree as follows:

Section 1: Release. I/We and our heirs and assigns in consideration of the participation of our son/daughter in the Town of Dover Junior Police Academy, I/WE hereby release the Town of Dover, the Town of Dover Police Department, employees, agents and elected officials and any other persons officially connected with the program from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money which might occur while our son/daughter is participating in this program, including but not limited to traveling to or coming from the program. I/We are aware of the risks of participation which include, but are not limited to, the possibility of injury from participating in various activities conducted by the program, interaction with other children, weather-related injuries, injury from outside persons or forces, loss of personal property or theft or personal property. I/We understand that participation in this program is strictly voluntary, and I/we freely choose to allow our child, _____ to participate. I/WE understand that neither the Town of Dover nor the Town of Dover Police Department provides medical coverage for my/our child, and I/we hereby verify that I/we will be responsible for any medical costs I/WE incur as a result of my/our child's participation in this program.

Section 2. Indemnification and Hold Harmless. In consideration of my/our child's participation in the Town of Dover Junior Police Academy, I/WE hereby agree that I/WE will indemnify and hold harmless the Town of Dover and the Town of Dover Police Department, employees, agents, elected officials and any other person officially connected with this program from all costs, expenses and all losses which may be incurred by my son's/daughter's participation in this program, including but not being limited to reasonable attorney's fees.

Section 3. Consent for Photography. I/WE understand that the Town of Dover Police Department takes pictures of children during the program to promote the program and to communicate with the community the good works and fun enjoyed by our child/children in this program. I/WE hereby give permission for the use of such photographs by the Town of Dover Police Department.

Child Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

**TOWN OF DOVER POLICE DEPARTMENT
CONSENT TO WAIVER TO
TRANSPORT CHILD**

I/We authorize the Town of Dover Police Department, to transport my minor child, _____, driven by an individual authorized by the Town of Dover if necessary. I/WE understand my child is expected to follow the directions provided by the driver and/or staff or volunteer. I/WE have read, understood, and discussed with my child the following:

1. My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel.
2. My child is expected to listen to supervising staff/drivers, respect staff and other children, in the vehicles they ride in, and the people they travel with during the trip.
3. Riding in a motor vehicle may result in personal injuries or death from accidents, collisions or acts by the riders, other drivers, or objects; and,
4. My child is to remain in their seat and not be disruptive to the driver of the vehicle.

I/WE recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I/WE hereby attest and verify I/WE have been advised of the potential risks, and I/WE have full knowledge of the risks involved in this activity, and I/WE assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I/We have authorized such expense.

I/WE release any claim on the Town of Dover and their agents, officers, employees, and volunteers from any claim that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, in any manner arising out of this transportation.

I/WE have read this entire waiver and authorization form, I/WE fully understand its terms and conditions, and I agree to be legally bound by its terms.

Child Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____