



# Edison Police Department Advanced High School Junior Police Academy

## Liability Waiver and Signup Form

Phone: 732-248-7440 or 732-248-6462  
E-Mail: k.jackson@edisonpd.org or d.ship@edisonpd.org

The Edison Police Department will be providing a t-shirt, Athletic shorts, embroidered polo shirt, baseball cap. The cost for the week is \$125.00 (Non-Refundable), payable to the Edison Municipal Alliance, 100 Municipal Blvd, Edison, NJ 08817. **Parents will be responsible for other clothing / items required for the program.** This training is available to Edison Township Students going into their Junior or Senior year of High School with a high interest in Law Enforcement as a career. Students should be in good physical condition. Due to class size limitations, the Junior Police Academy will select 30 students in all between High Schools within the Township. In order to be consider for selection, a letter of recommendation from a Teacher, Guidance Counselor, School Resource Officer, or School Administrator and a minimum (100) maximum (200) word essay describing why the interest in Law Enforcement and the Advance Junior Police Academy program, must be submitted with the application. **Deadline for signup is May 27th. Applications must be dropped off at Edison Police Headquarters 100 Municipal Blvd, Edison NJ 08817.**

### CHILD'S INFORMATION

High School child attends \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (Sept 2022) \_\_\_\_\_ O - Boy O - Girl

Allergies/Chronic Illness or other Medical Conditions the staff should be aware of: \_\_\_\_\_

Shirt Size (QTY): \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL (Men's Sizes Only)

One shirt is included in the signup fee, additional t-shirts may be purchased for \$7.50 each, and due with the signup fee.

Location: O - Woodrow Wilson Middle School. July 25th -29th. 800am - 200pm

**The last day of each training period will be at the Edison Municipal Complex for Graduation.**

I \_\_\_\_\_ hereby give my permission for myself/my child to participate in the Edison Police Department Junior Police Academy, and assume the risk thereof.

I do agree for myself/my child at all times to keep The Edison Police Department, The Edison Board of Education, the Edison Municipal Alliance, volunteer or paid personnel and the Township of Edison free, harmless and indemnified from any and all liability for injury I/my child might sustain as the result of said participation and will not hold The Edison Police Department, The Edison Board of Education, volunteer or paid personnel or the Township of Edison responsible for any losses that may occur.

I remise, release, acquit, satisfy, and forever discharge the Township of Edison, the Edison Police Department, the Edison Municipal Alliance, the Edison Board of Education and any parties involved in this event of and from all manner of actions, causes of action, suits, debts, covenants, damages, injuries and or demands whatsoever, which said Applicant ever had, now has, or which any personal representative, successor, heir or assign of said Applicant, hereafter can, shall or may have, against said parties, by reason of any matter. I hereby assume full responsibility for any expenses incurred as the result of any injury incurred through my or my child's participation in this activity.

Photographs, video and audio recordings of the participant, while participating in an Edison Program may be made. I hereby permit, consent and authorize such materials of myself/my son/daughter as an individual or part of a group with or without text to be used by the Edison Police Department, The Edison Board of Education, The Edison Municipal Alliance or the Township of Edison.

### EMERGENCY MEDICAL TREATMENT

As a parent/guardian of \_\_\_\_\_, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurements, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

### OTHER EMERGENCY CONTACT INFORMATION

E-Mail Address: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Signature: \_\_\_\_\_

(Parent/Guardian Signature)

Date