



Mount Laurel Police Department

Junior Police Academy

Application

The academy will be held from August 5th to August 9th, 2024. Applicants must currently be in the 6th or 7th grade. Applications are due no later than March 29th, 2024. Applications must be dropped off at the Mount Laurel Police Department, Monday- Friday between 8:00 a.m.- 3:00 p.m. daily.

Applicant Name: _____ Age: _____

Home Address: _____

Date of Birth: _____

Home Phone Number: _____ Current Grade _____

Have you ever been arrested or charged with a crime? _____

Have you ever been the subject of any school discipline? _____

Parent/Guardian Information

Name: _____ Relationship: _____

Cell#: _____ E-mail: _____

Name: _____ Relationship: _____

Cell#: _____ Email: _____

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.

Name: _____ Cell#: _____

Home Address: _____

E-mail: _____

Name: _____ Cell#: _____

Home address: _____

E-mail: _____

By signing below, We understand that the Applicant is subject to a background check. We certify that the aforementioned information is true and correct. We understand that any misinformation listed above will be an automatic ground for disqualification.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Treatment Form

My child, _____, has my permission to participate in the Mount Laurel Police Junior Police 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. I also understand that in the event of a serious illness or injury, reasonable efforts to reach me will be made.

Family Physician Information

Physicians Name: _____

Address: _____ Phone: _____

Medical Insurance Information

Insurance Company Name: _____

Policy Number: _____ Exp. Date: _____

Please list all medical conditions, medications and allergies that your son/daughter may have.

Release of Liability Form

I, _____ the undersigned parent/guardian
of _____ residing at _____ Mount Laurel
NJ 08054, do hereby give my child permission to attend the Mount Laurel Police Junior Police
Academy and in consideration of allowing him/her to participate in this program I knowingly
and voluntarily release and discharge the Junior Police Academy, Mount Laurel Police,
Township of Mount Laurel, Mount Laurel Board of Education, all instructors and participants in
this program as well as 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 Junior Police Academy.

I understand that there may be transportation provided by the Mount Laurel Police to varying
locations for the purposes of instruction. These locations include the Burlington County Jail and
Burlington County Public Safety Firing Range. Participants will be participating in firearms
safety/familiarization. Participants will also participate in military drill as well as a light physical
training program.

This hold harmless agreement is a testament to my understanding of the above evidenced by
my signature.

Parent/Guardian Signature

Date

Photo, Media and Copyright Release

I _____ grant the Mount Laurel Police and Township of Mount Laurel to photograph, video and or audio tape my child during activities while attending the Mount Laurel Police Junior Police Academy. These images or recordings will be the property of the Mount Laurel Police and may be used in advertising or marketing campaigns on the Mount Laurel Police Department’s website, Facebook page and Instagram account. It may also be used for promotional and informational material including but not limited to flyers, brochures, newsletters, e-mails, advertisements, newspapers articles and other promotions. I understand that the identity of my child will not be released. I hereby waive and release on behalf of my child, any rights to compensation for, or ownership of such images and/or recordings.

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 agree to the release of such photos and/or recordings: _____

(Initials of parent/guardian)

Applicant Name: _____

Shirt Size (Circle One):

Adult Small

Adult Medium

Adult Large

Adult X-Large