



CITY OF HACKENSACK
DEPARTMENT OF POLICE
YOUTH BUREAU
225 STATE STREET
HACKENSACK, NJ 07601
201-646-7732

The Hackensack Police Department is proud to announce its **Twelve Annual Police Youth Academy**, for qualified young men and women who are in grades 8 thru 12.

This year we will again be expanding to include students from all our sending districts and officers from Maywood, Rochelle Park, South Hackensack Police Departments and the Hackensack Fire Department.

This week long program will be held Monday April 9, 2012 to Friday April 13, 2012, at the Nellie K. Parker School, (Maple Hill Drive & Central Ave.) from 8:00am to 4:00pm.

Our objective is a week of education and fun through a Police Academy format. The five-day curriculum will include various presentations from guest law enforcement agencies, day trips, military drills, and physical training to give the student an idea of types of training involved in becoming an emergency responder.

The academy will provide each participant with uniforms to be worn each day, including graduation.

Upon completion of the five-day academy, the Hackensack Police Department will have an official graduation ceremony on Friday evening, April 13, 2012 in the auditorium of Nellie K. Parker School, Hackensack, NJ at 7:00pm.



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Attached, please find the required application form that must be completed and returned to the Hackensack Police Department/Youth Division no later than **March 16, 2012**. Space is limited! So please submit your applications early. If you have any questions contact the Hackensack Police Youth Division at (201) 646-7732.

E-Mails must be provided since this will be the main form of notifications.

Applications can also be obtained through the Internet at www.hackensack.org.

We hope you will allow your child the opportunity to enjoy this fun-filled educational program.

Lieut. Jaime A. Barrios
Commander – Youth Bureau



**AUTHORIZATION TO ATTEND
THE HACKENSACK POLICE DEPARTMENT
“YOUTH POLICE ACADEMY”**

THE FOLLOWING INFORMATION IS REQUESTED OF ALL PROSPECTIVE PARTICIPANTS IN THE HACKENSACK POLICE DEPARTMENTS “YOUTH POLICE ACADEMY” PROGRAM. ANY FALSE OR INCOMPLETE INFORMATION COULD EXCLUDE THE APPLICANT FROM PARTICIPATING IN THIS PROGRAM.

STUDENT’S NAME: _____, _____
LAST (Please Print) FIRST (Please Print)

DATE OF BIRTH: ____/____/____ **AGE:** _____ **M/F** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SCHOOL: _____ **GRADE:** _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN: _____

PARENT E-MAIL: _____

ADDRESS: _____

CONTACT #: HOME _____ **WORK** _____

CELL #: _____ **ALTERNATE CELL** _____

ALTERNATE EMERGENCY CONTACT: (Other than parent information listed above)

NAME: _____ **RELATIONSHIP:** _____
(Please Print)

ADDRESS: _____ **TOWN:** _____

PHONE: _____ **CELL NUMBER:** _____

PARENT/GUARDIAN SIGNATURE

STUDENTS SIGNATURE



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MEDICATIONS

Please list below any prescribed medications that your child is required to take regularly. Please indicate below whether or not your child will be required to take or carry the medication with him/her during the Youth Police Academy. Medications must be in original prescribed package.

Name of Medication: _____

Medical condition for which medication is needed:

Dosage/Administration
(Times per day): _____

Any Special
Needs/Restrictions: _____

PARENTS SIGNATURE: _____

DATE: _____



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YOUTH ACADEMY - 2012
GUARDIAN RELEASE FORM

I, _____ PARENT/GUARDIAN
(Please Print)

OF _____
(Child's name)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I WILL () I WILL NOT () BE PICKING UP MY SON/DAUGHTER AT THE END OF EACH DAY OF THE HACKENSACK YOUTH ACADEMY.

I WILL () I WILL NOT () ALLOW MY SON/DAUGHTER TO WALK HOME AT THE END OF EACH DAY OF THE HACKENSACK POLICE YOUTH ACADEMY.

IN THE EVENT THAT SOMEONE OTHER THAN A PARENT/GUARDIAN WILL BE PICKING UP YOUR SON/DAUGHTER AT THE END OF EACH ACADEMY DAY, PLEASE INFORM US, IN WRITING THE PERSON PICKING HIM/HER UP.

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

**AUTHORIZATION TO ATTEND
THE HACKENSACK POLICE DEPARTMENTS
"POLICE YOUTH ACADEMY"
LIABILITY FORM**

THE UNDERSIGNED, PARENT/GUARDIAN, HAS REQUESTED THE OPPORTUNITY AND PRIVILEGE TO HAVE THEIR SON/DAUGHTER PARTICIPATE IN THE HACKENSACK POLICE YOUTH ACADEMY.

IN CONSIDERATION OF GRANTING SAID REQUEST, THE UNDERSIGNED HEREBY, **RELEASES AND FOREVER DISCHARGES** THE CITY OF HACKENSACK, THE AGENTS AND EMPLOYEES THEREOF, **FROM ALL CLAIMS AND CAUSES OF ACTION THAT THE UNDERSIGNED MAY HAVE FOR PERSONAL INJURIES, DAMAGES OR LOSSES OF ANY NATURE WHATSOEVER**, WHICH MAY RESULT OR OCCUR AT ANY TIME THE CHILD OF THE UNDERSIGNED IS IN OR ABOUT A POLICE VEHICLE AND/OR PARTICIPATING IN THE FUNCTIONS OF THE HACKENSACK POLICE YOUTH ACADEMY.

THE UNDERSIGNED FURTHER AGREES TO HAVE THEIR CHILD OBEY DIRECTIVES OF SUCH HACKENSACK POLICE OFFICER OR THEIR DESIGNEES WHILE ACCOMPANYING SAID OFFICER, AND ACKNOWLEDGES THAT THIS PRIVILEGE OF ACCOMPANYING THE HACKENSACK POLICE CAN BE RESCINDED AT ANY TIME DURING THE COURSE OF THE ACADEMY, IN THE SOLE AND ABSOLUTE DISCRETION OF THE POLICE DEPARTMENT.

THE UNDERSIGNED IS REQUESTING THE HACKENSACK POLICE TO ACCEPT THEIR SON/DAUGHTER TO THE HACKENSACK POLICE YOUTH ACADEMY AND WILL HOLD THE CITY OF HACKENSACK AND THE HACKENSACK POLICE HARMLESS. THE UNDERSIGNED HAS READ THIS DOCUMENT AND SIGNS IT OF HIS/HER FREE WILL.

PERMISSION REQUESTED BY: (PARENT/GUARDIAN)

PRINT CHILDS NAME

DATE

PRINT - PARENT/ GUARDIAN

SIGNATURE - PARENT/GUARDIAN