



East Windsor Twp.



East Windsor PD



EW PAL

**Youth Police Academy
Registration Form**

East Windsor Township, along with the East Windsor Police Department and East Windsor PAL League are offering a Youth Police Academy to all Melvin H. Kreps students, or East Windsor Residents who are entering the 7th or 8th grade in September of 2025. The academy curriculum is one week long, starting July 14, 2025 through July 18, 2025. The class will run from 9:00 AM - 3:00 PM each day. Graduation will be held on Friday, July 18, 2025 in the East Windsor Court room.

Please take the time to complete the application form, waiver's and medical clearance forms entirely. We are limiting the Academy class to 25 students and the selection process is based on the first 25 properly completed applications received. Questions regarding Youth Police Academy should contact Ret. Detective Brian Gorski (bgorski@ewpal.org) or Detective Thomas Nicola (nicola@ewpd.com). All completed applications must be turned in to the EWPAL no later than May 16, 2025.

Name of Child: _____

Home Address: _____

Phone Number: _____

Father's Name and Phone Number: _____

Mother's Name and Phone Number: _____

Emergency Contact (Name/Phone Number): _____

Grade in September 2025 (Check One): 7th 8th

What School Attended (Check One): Kreps Other

Uniform Information

Youth Sizes - Please Check One - Shirts must fit. Please do not oversize!

Youth T-Shirt Size: S M L XL

EAST WINDSOR POLICE YOUTH ACADEMY FACTS SHEET

Dates/Hours: July 14, 2025 - July 18, 2025 9:00 A.M. - 3:00 P.M.

Drop Off: East Windsor Police Department unless otherwise directed.

Pick Up: East Windsor Police Department unless otherwise directed.

Requirements: Students entering 7th or 8th Grade for the 2025-2026 school year

Residency: You must be an East Windsor Township resident.

Cost: \$125.00 (submit payments on ewpal.org).

Uniform: Recruits will be given one (1 t-shirt and one baseball cap. Recruits must provide a pair of cargo shorts, a black belt, white ankle socks and a pair of RUNNING sneakers.

What is the program all about? The program is designed to give young adults a look into a career in law enforcement by providing team building skills, close order drills, classes and physical training sessions that will help build confidence, promote self-reliance and teamwork. The program will also allow young adults to form bonds with law enforcement officers that are present and working on a daily basis within the community.

How intense is the program? The Youth Police Academy is an extremely intense program that will be strictly monitored. Academy personnel will be present every step of the way to help recruits overcome challenges. At the end of a successful completion, all recruits will be presented with a certificate of completion.

Is the program similar to a boot camp for children with disciplinary issues? NOT AT ALL. Applicants who do not want to voluntarily participate in the program will not be accepted.

How intense is the physical training? Physical training is designed to be intense and challenging. All recruits will be closely monitored by Academy personnel. NOTE: Medical clearance forms are required prior to the program and they must be signed by the recruit's physician.

Does my child have to attend every day? Yes. All recruits are required to attend every day for successful completion of the program.

Do I have to attend a parent's meeting? Yes. A parent/guardian MUST attend the parent meeting on (date and location to be set once class of 25 is selected). If a parent/guardian does not attend the meeting with their child, his/her child will not be permitted to attend the Youth Academy.

Recruits will be subject to seeing a first aid manikin portrayed as being deceased



I hereby give permission for _____ to fully participate in the East Windsor Youth Police Academy, and all activities therein. I understand that my child has to be at the designated drop off location at 8:45 A.M. each day and will be released at 3:00 P.M. each day. I understand that I am making a commitment to have my child present for all days of this academy.

I fully understand that participants in this program will participate in drill instruction, physical exercise and physical exertion. I understand that they are subject to Police Academy type discipline. I understand that failure to comply with the rules and regulations will result in my child 's dismissal from the academy.

I also give permission for my child to receive any medical or surgical care necessary from a physician, hospital, or emergency squad. I understand that every reasonable attempt will be made to notify me prior to treatment and I give permission for the physician or hospital to treat my child in the event I am not able to provide consent. BY SIGNING THIS APPLICATION, YOU AGREE THAT ALL THE INFORMATION YOU HAVE PROVIDED IS TRUE TO THE BEST OF YOUR KNOWLEDGE AND YOU AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS CONTAINED HEREIN.

Name of Parent/Guardian: _____

Signature: _____ Date: _____

*****THE EAST WINDSOR POLICE DEPARTMENT/EW PAL STAFF MUST BE ABLE TO REACH A PARENT, GUARDIAN, OR EMERGENCY CONTACT AT ALL TIMES THAT THE ACADEMY IS IN SESSION.****

Name of Emergency Contact: _____

Phone Number of Emergency Contact: _____

EAST WINDSOR YOUTH POLICE ACADEMY RULES AND REGULATIONS:

1. Each day you will report to the academy and be in formation by 9:00 A.M sharp. You are required to be on time and in uniform. The uniform is the issued baseball cap, t-shirt, khaki shorts, white ankle socks, black belt and running sneakers.
2. You will be dismissed at 3:00 P.M. every day; if there is a change in time you will be notified the day before.
3. There will be no eating or drinking while class is being conducted unless approved by an Instructor. Instructors will provide breaks as needed.
4. If you need to use the restroom an Instructor must be notified.
5. You will bring your own healthy, bagged lunch with you every day. A refrigerator will be provided.
6. No jewelry unless it is for religious reasons.
7. Cell phones are allowed but will remain turned off for the duration of the academy. If there is an emergency, an Instructor must be notified. If parents need to get in touch with you they can contact Police Headquarters at 609-448-5678 ext 0.
8. You must attend the Academy every day for successful completion. NO EXCEPTIONS.
9. If at any time you feel ill/injured contact an instructor and they will accommodate you accordingly.
10. There will be no use of profanity, nor any verbal arguments or physical fighting during the Academy. You will follow the orders of all Academy personnel at all times. Any violations of these rules will result in your parent/guardian being notified and asked to leave the Academy. If you have a conflict with another recruit, notify the Academy personnel immediately.
11. At all times, law enforcement officers and staff will be referred to as "Sir" or Ma'am"
12. At the times we are out of the academy, you will conduct yourself with the utmost respect and professionalism.

Parent/Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

EAST WINDSOR YOUTH POLICE ACADEMY MEDICAL CLEARANCE FORM

Please complete and sign:

Applicant's Name: _____

Name of Physician: _____

Physician's Address: _____

Physician's Phone Number: _____

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 THE EAST WINDSOR YOUTH POLICE ACADEMY. I UNDERSTAND THE COURSE INVOLVES BUT IS NOT LIMITED TO: RUNNING, STRENGTH TRAINING, PUSH-UPS, SITUPS, AND PULL-UPS, MEDIUM PHYSICAL EXERTION AND BASIC PHYSICAL CONDITIONING.

Physician's Signature: _____

License#: _____

Parent/Guardian Signature: _____ Date: _____

EAST WINDSOR YOUTH POLICE ACADEMY PRESCRIPTION DRUG PERMISSION
FORM

****If your child does not take medication, fill in the blanks with "N/A"****

Applicant Name: _____

Name of Medication: _____

Time of Each Dosage: _____

Amount of Each Dosage: (I.E. 1 tsp, 1 tbs, etc.) _____

Prescribing Physician: _____

Address: _____

Phone: _____

I AM THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD. I UNDERSTAND THAT THE REPRESENTATIVES OF THE EAST WINDSOR POLICE DEPARTMENT WILL NOT ADMINISTER THE MEDICATION(S) TO MY CHILD, BUT WILL ALLOW MY CHILD TO POSSESS ONE (1) DAYS DOSAGE OF THE MEDICATION AND WILL ENDEAVOR TO REMIND MY CHILD TO TAKE THE MEDICATION AT THE PRESCRIBED TIME. I HAVE READ AND UNDERSTAND THIS FORM. I UNDERSTAND THAT I CAN PERSONALLY ADMINISTER THE MEDICATION TO MY CHILD OR ARRANGE TO HAVE A RESPONSIBLE ADULT DO SO DURING THE TIME THAT MY CHILD PARTICIPATES IN THIS PROGRAM. I HEREBY WAIVE AND RELEASE THE EAST WINDSOR POLICE DEPARTMENT, EAST WINDSOR PAL EMPLOYEES AND/OR THE TOWNSHIP OF EAST WINDSOR, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MY CHILD IN THE EVENT HE OR SHE MISSES A DOSE OF HIS OR HER MEDICATION.

Signature of Parent/Guardian: _____

Print Name: _____

EAST WINDSOR YOUTH POLICE ACADEMY MEDIA CONSENT, WAIVER, AND RELEASE

I, _____ am aware that there may be representatives from various media outlets attending the East Windsor Youth Police Academy program during the week long program. The media may be taking photographs, video or other forms of electronic media. They may also interview the recruits for print or electronic media publication. Additionally, members of the East Windsor Youth Police Academy staff will be taking still photographs and video during the course of the program. These videos and/or still photographs may also be used by media outlets. These videos and/or still photographs on websites including but not limited to the official East Windsor Township site and the official East Windsor Police Department Facebook/Instagram site. I understand these points and consent to my child's image, likeness, photograph, and/or video clip to be used in the manner depicted above. I have read and fully understand the contents of this consent, waiver and release form and I sign it freely and voluntarily.

Applicant's Name: _____

Parent/Guardian Signature: _____

EAST WINDSOR YOUTH POLICE ACADEMY WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Applicant's Name: _____

Parent/Guardian Initial Next to Each:

____ **Waiver:** In consideration of the Applicant named above being permitted to voluntarily participate in the East Windsor Youth Police Academy , I, for myself, my child and our heirs, personal representatives, and/or assigns, **do hereby release, agree to hold harmless, and waive any claim against, discharge from liability, and promise not to sue** the East Windsor Police Department, East Windsor PAL and/or the Township of East Windsor or their respective officers, employees, volunteers, and or agents for liability from any and all claims including the negligence of the East Windsor Police Department, East Windsor PAL and/or the Township of East Windsor or their respective officers, employees, and agents, with respect to any and all personal injury, accidents, illnesses (including death or catastrophic injury), or property loss or property damage arising from, but not limited to, the above applicant's participation in the East Windsor Police Youth Academy.

____ **Assumption of Risk:** Participation in the East Windsor Youth Police Academy carries with it certain inherent risks of injury that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks of injury vary from one activity to another, but may range from and include, but are not limited to: 1) minor injuries such as scratches, bruises and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; 3) catastrophic injuries including paralysis and death.

____ **Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD the East Windsor Police Department, East Windsor PAL and/or the Township of East Windsor HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney fees brought as a result of my involvement in the East Windsor Police Youth Academy and to reimburse it for any such expenses incurred in defense of such claims or actions.

____ **Severability:** The undersigned further expressly agrees that the foregoing waiver of liability, assumption of risk, and indemnity agreement is intended to be as broad and inclusive as is permitted under New Jersey Law and that if any provision of this document is held invalid, it is agreed that the balance shall continue in full legal force and effect.

____ **East Windsor Youth Police Academy:** I hereby acknowledge that the East Windsor Youth Police Academy includes participation in the activity set forth above, as well as any customary and preparatory activities associated therewith, such as setting up materials and equipment, breaking down equipment and materials, practices, tryouts, training, conditioning, and travel to and from events associated with the East Windsor Youth Police Academy. 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.

EAST WINDSOR YOUTH POLICE ACADEMY WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT FORM (CONTINUED)

____ **Acknowledgement of Understanding:** I have carefully read this waiver of liability, assumption of risk, and indemnity agreement, and understand that I am giving up substantial legal rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by the law. I understand that I have the right to consult with legal counsel regarding this agreement. I also have discussed this agreement with the applicant named above.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Address of Parent/Guardian: _____ Phone #: _____

City, State, Zip Code: _____

AS THE APPLICANT, I UNDERSTAND AND AGREE TO ALL OF THE OBLIGATIONS PLACED ON ME BY THIS AGREEMENT

Signature of Applicant: _____

Printed Name of Applicant: _____

Address of Applicant: _____

City, State, Zip Code: _____