

# HOLMDEL TOWNSHIP POLICE DEPARTMENT

# ***POLICE YOUTH ACADEMY***

## APPLICATION FOR ENROLLMENT

**"I AGREE THAT IF MY CHILD IS ACCEPTED TO THE ACADEMY, HE/SHE WILL BE PRESENT EVERY DAY INCLUDING GRADUATION ON FRIDAY."  
WE ARE SORRY BUT THERE WILL BE NO EXCEPTIONS**

(AGES 9 & 10)  
August 01 - 05, 2022

**APPLICATION DEADLINE: MAY 16, 2022**  
**NO EXCEPTIONS**

(AGES 11 & 12)  
August 08 - 12, 2022

**T-Shirt Size: (Circle one)**

Youth Med (Runs Small)	Youth Large (Runs Small)	Youth X-L	Adult Small	Adult Med	Adult Large	Adult X-L	Adult 2-XL
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Student's Name \_\_\_\_\_ Age \_\_\_\_\_ (as of August 2022)

Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade in September \_\_\_\_\_

Contact email address \_\_\_\_\_

Has your child previously attended the Holmdel Youth Academy? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_

If no, is this your first time applying? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of an emergency, please contact:

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In the event I cannot make the 3:00 pm dismissal, the following individual(s) have my permission to transport my child home:

1. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Personal Health and Medical Record (use back of form or attach separate sheet if necessary)**

EMERGENCY MEDICAL INFORMATION: Has, or is susceptible to, the following (check & give details)

- |   |                     |                            |
|---|---------------------|----------------------------|
| _____ Asthma  | _____ Heart Trouble | _____ High Blood Pressure  |
| _____ Fainting Spells   | _____ Diabetes      | _____ Wears Contact Lenses |
| _____ Convulsions   |                     |                            |
| _____ Allergy or reaction to any medicine, food, plant, animal, or insect toxin   |                     |                            |
| _____ Any other condition that may require special care, medication, or knowledge |                     |                            |

Explain: \_\_\_\_\_

APPROVED FOR PARTICIPATION IN:

\_\_\_\_\_ All Activities  
(Initial)

Except (Specify):

(Initial Each)

Are there any current health problems? \_\_\_\_\_ No \_\_\_\_\_ Yes

Is student now under medical care or taking any Medication(s)? \_\_\_\_\_ No \_\_\_\_\_ Yes

Has there been any surgery, injury, illness, allergy or change in health status since student's last physical exam? \_\_\_\_\_ No \_\_\_\_\_ Yes

Explain any YES answers in space below:

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**Is there past or present history of?**

	NO	YES	YEAR	DETAILS
Serious Illness	_____	_____	_____	_____
Serious Injury	_____	_____	_____	_____
Surgery	_____	_____	_____	_____
Skin, Glands	_____	_____	_____	_____
Ears, Eyes	_____	_____	_____	_____
Nose, Sinus	_____	_____	_____	_____
Teeth, Tonsils	_____	_____	_____	_____
Chest, Lungs	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Murmur	_____	_____	_____	_____
Rheumatic Fever	_____	_____	_____	_____
Stomach, Bowels	_____	_____	_____	_____
Kidney/Urine Infection	_____	_____	_____	_____
Behavioral Condition	_____	_____	_____	_____

**PARENT'S AUTHORIZATION:**

To the best of my knowledge, the answers that I have given are correct and complete. I know of no reason to restrict my child's activity, and give permission for participation in all activities except as specifically noted above. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to secure proper treatment for my child.

\* \_\_\_\_\_ \*  
 Date Parent/Guardian Signature

**Cost of Academy is \$145 - Do not send check with Application.  
 (Payable upon notification of acceptance)**

*No child will ever be turned away based on their inability to pay the registration cost of the Academy.*

**Submit your application to:  
 Holmdel Police Department, 4 Crawfords Corner Road, Holmdel, NJ 07733**

\* Application must be signed and dated, or it will not be accepted.