

# **BERGEN COUNTY YOUTH POLICE ACADEMY 2015**



**The Bergen County Prosecutor's Office and the Bergen County Sheriff's Office are pleased to announce that applications are being accepted for the Bergen County Youth Police Academy – Class #11.**

**The Academy is a two-week “day camp” (Monday through Friday) that is offered to qualified Bergen County young men and women either residing in Bergen County or attending secondary school in Bergen County, who will enter the 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade in September 2015. Priority acceptance will be given to those students entering the 11<sup>th</sup> and 12<sup>th</sup> grades. The Academy is free of charge.**

**This year's Academy will begin on Monday, June 29<sup>th</sup> and run through Friday, July 10, 2015 (no camp on Friday, July 3<sup>rd</sup>).**

**The motto of the Bergen County Youth Police Academy is “Honor – Respect – Commitment.” We place strong emphasis on self respect, respect of others, teamwork and commitment to one's goals. The cadets learn that these attributes can be achieved with focus, discipline and personal responsibility. The two-week program, especially in the beginning, will be both physically and mentally taxing. However, it has been our experience that cadets who complete the Academy enjoy a positive and worthwhile experience that they draw upon in the future.**

**The Youth Academy curriculum consists of educational activities as well as physical training activities. The format is similar to what actual police academy cadets experience. All of the squad instructors are law enforcement officers. Our objective is to educate the cadets about public service including law enforcement, emergency services, the judiciary and county government. There will be structured events offered in a fun, informative, interactive, educational and hands-on manner.**

The daily programs will include educational presentations, interaction with public agencies, field trips and physical activities. The cadets will be given exposure to available state, county and municipal resources. The daily physical training is similar to a “boot camp” workout; there will be running and calisthenics.

The drop-off and pick-up location for the academy will be the Bergen County Jail, 160 South River Street, Hackensack. The program runs from 8:30 a.m. to 4:00 p.m. Please keep in mind that there may be modifications of scheduled hours on field trip dates and your child will be notified in advance. You must be prompt when dropping off and picking up your child.

Lunches for the cadets will be provided by the Academy. We cannot accommodate special dietary or nutritional needs or allergies other than allowing cadets to bring their own lunch if they choose and we will keep it cool for them. We have no ability to “heat up” any lunches. Please fill out the enclosed paperwork regarding your child’s dietary and special nutritional needs and or allergies.

**Attire:** Each participant will be provided with a t-shirt and shorts. They are required to be worn from the 2<sup>nd</sup> day of the academy until the completion of the program, including graduation. It should be noted that these uniforms must be cleaned daily-preferably by the cadets themselves.

Upon completion of the academy, there will be an official graduation ceremony on Friday, July 10, 2015. Details will be provided. Participants and family members are invited to attend.

For the program to be successful both individually and overall, full participation is required. Each accepted cadet is required to attend every day of the program. There are no exceptions for driving tests, vacations, sports programs or other activities. Note: At any time the program director may terminate a youth from participating in the Academy for lack of participation or non-compliance with the rules as set forth in the paperwork and as given at the parent orientation or throughout the Academy. As such, each parent and participant should be well acquainted with the requirements.

Moreover, as stated above, the academy requires a level of focus and discipline that, initially, cadets may find daunting. It is incumbent upon both parents and participants to see the entire program through to completion. The Academy is in high demand and once someone is accepted and agrees to participate, that admitted cadet takes the place of another willing and hopeful applicant. As such, both parents/guardians and applicants should review this entire application and apply to the program with a full understanding of what is required and expected.

Attached, please find the required application forms (A total of 9 Pages) that **MUST BE** completed and returned to Eileen Hughes, Bergen County Prosecutor's Office, Justice Center, 10 Main Street, Hackensack, New Jersey 07601, no later than **Friday, May 1, 2015**. The 9 Page Application must be **complete and legible or it will not be accepted**. **Please be advised that submission of an application prior to the deadline does not guarantee acceptance into the program. Space is limited.** Due to the popularity of this program, **no repeat applicants** will be accepted. If you have any questions, contact Eileen Hughes at **ehughes@bcpo.net**. All paperwork must be completely filled out and signed where indicated or your child will not be permitted to attend. **Even if your child does not take medication and/or you do not give permission for your child to be dismissed without a parent/guardian present, these forms must be completed.**

You will be notified in writing of your child's acceptance and the date of the Parent Orientation Meeting. A parent/guardian **must** attend the meeting for your child to be accepted into the youth academy.

**BERGEN COUNTY YOUTH POLICE ACADEMY**

**2015**

**RULES AND REGULATIONS**

1. RESPECT YOURSELF AND OTHERS.
2. RAISE YOUR HAND IF YOU WANT TO SPEAK.
3. WHEN YOU ARE ACKNOWLEDGED, YOU WILL STAND AND RESPOND WITH "YES, SIR, NO SIR, YES MA'AM, NO MA'AM."
4. PAY ATTENTION TO THE SPEAKER.
5. CLASSROOM/CLASS TRIP DISRUPTION WILL NOT BE TOLERATED.
6. ALL PARTICIPANTS WILL FOLLOW DIRECTIONS OF ALL POLICE OFFICERS OR CIVILIAN INSTRUCTORS.
7. DO NOT LITTER.
8. NO FOUL LANGUAGE.
9. NO "HORSE-PLAY" ALLOWED.
10. ACADEMY T-SHIRT AND SHORTS ARE TO BE WORN EVERY DAY, INCLUDING THE GRADUATION CEREMONY. PLEASE WASH DAILY!
11. STAY WITH YOUR GROUP ON FIELD TRIPS.
12. VIDEO GAMES, IPODS, ETC..., ARE NOT ALLOWED.
13. NO HATS! (PLENTY OF SUNSCREEN!)
14. A GUARDIAN FORM IS REQUIRED IF YOU ARE WALKING HOME OR IF SOMEONE OTHER THAN YOUR GUARDIAN IS PICKING YOU UP AT THE END OF THE DAY. SEE ATTACHED FORM.
15. NO SMOKING!
16. NO SAGGING SHORTS, SHIRTS MUST BE TUCKED IN.
17. NO MAKE-UP.
18. NO JEWELRY.
19. LONG HAIR MUST BE WORN UP (MALE OR FEMALE).
20. YOU ARE EXPECTED TO CONDUCT YOURSELF AS A LADY OR GENTLEMAN AT ALL TIMES. PROPER DECORUM IS DEMANDED.
21. IF A CELL PHONE IS BROUGHT TO CAMP, IT MUST BE TURNED OFF. THERE WILL BE NO PHONE CALLS, E-MAILS, AND/OR TEXTING DURING THE ACADEMY.
22. YOU WILL BE ON TIME AND READY TO PARTICIPATE EACH DAY.



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

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELLULAR NUMBER: \_\_\_\_\_

EMAIL \_\_\_\_\_

**HIGH SCHOOL INFORMATION**

**MUST BE ENTERING THE 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> Grade in September 2015 to be eligible for the Academy.**

NAME OF SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

IF IN 8<sup>th</sup> GRADE, SCHOOL ATTENDING IN SEPTEMBER 2015: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_ GUIDANCE COUNSELOR: \_\_\_\_\_

**All Adults Sizes**

TEE SHIRT SIZE (PLEASE CIRCLE): (S) (M) (L) (XL) (XXL)

GYM SHORT SIZE (PLEASE CIRCLE): (S) (M) (L) (XL) (XXL)

Please circle your true size. Oversize or undersize clothing will not be acceptable and the cadet will be required to select uniforms in the closest size available.

By virtue of my signature I acknowledge that I have reviewed this application in its entirety, that all the information I have provided is accurate and complete, and I request that \_\_\_\_\_ be considered for acceptance

(Name of Applicant)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

DATE: \_\_\_\_\_

# BERGEN COUNTY YOUTH POLICE ACADEMY 2015

## MEDICATION AND HEALTH HISTORY FORM

Please be advised that your child may be afforded the opportunity to board a boat, ride a horse, and participate in other outdoor activities. Should you wish your child not to participate in a certain activity or should your child have any special restrictions, please list below in the space provided.

Any Special Needs/Restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list below in PART A 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. Medication must be in original prescribed package.

In PART B, please complete the health history questionnaire for your child and sign all authorizations/acknowledgements as indicated, A certified EMT will be on staff during the camp for any medical emergencies.

### PART A: MEDICATION HISTORY

Name of Youth: \_\_\_\_\_ My Child:

Does Not Take Any Prescribed Medication.

My Child Does Take Prescribed Medication (If this box is checked, you must complete the information below and sign the form below).

Name of Medication: \_\_\_\_\_

Medical Condition for which medication is needed:

\_\_\_\_\_

Dosage/Administration  
(Times per day): \_\_\_\_\_

**NOTE:** The Bergen County Youth Academy does not stock or provide any non-prescription medications. If a cadet requires use of non-prescription medications during the program, a note to that effect must be provided by the parent/guardian in advance.

**PART B: HEALTH HISTORY**

Name of Youth: \_\_\_\_\_

Check “Yes” or “No” for each statement. Explain “Yes” answers below:

Has/does the cadet:

1. Ever been hospitalized?  Yes  No
2. Ever had surgery?  Yes  No
3. Have recurrent/chronic illnesses?  Yes  No
4. Had a recent infectious disease?  Yes  No
5. Had a recent injury?  Yes  No
6. Had asthma/wheezing/shortness of breath?  Yes  No
7. Have diabetes?  Yes  No
8. Had seizures?  Yes  No
9. Had headaches?  Yes  No
10. Wear glasses, contacts or protective eyewear?  Yes  No
11. Had fainting or dizziness?  Yes  No
12. Passed out/had chest pain during exercise?  Yes  No
13. Had mononucleosis (“mono”) during the past 12 months?  Yes  No
14. If female, have problems with periods/menstruation?  Yes  No
15. Have problems with falling asleep/sleepwalking?  Yes  No
16. Ever had back/joint problems?  Yes  No
17. Have a history of bedwetting?  Yes  No
18. Have problems with diarrhea/had a recent infectious disease?  Yes  No
19. Have any skin problems?  Yes  No
20. Traveled outside the country in the past 9 months?  Yes  No

**Please explain “Yes” answers in the space below**, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

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**Mental, Emotional and Social Health: Check “Yes” or “No” for each statement.**

Has the cadet:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit /hyperactivity disorder (AD/HD)?  Yes  No

2. Ever been treated for emotional or behavioral difficulties or an eating disorder?  
 Yes  No

3. During the past 12 months, seen a professional to address mental/emotional health concerns?  Yes  No

4. Had a significant life event that continues to affect the cadet’s life?  Yes  No  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**Please explain “Yes” answers in the space below**, noting the number of questions. The BCYA may contact you for additional information.

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**Health Care Providers:**

Name of cadet’s primary doctor(s): \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of dentist(s) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of orthodontist(s) \_\_\_\_\_ Phone ( ) \_\_\_\_\_



**BERGEN COUNTY YOUTH POLICE ACADEMY  
2015**



THE UNDERSIGNED \_\_\_\_\_, HEREBY GIVES PERMISSION  
PRINT PARENT/GUARDIAN NAME

AND AUTHORIZATION FOR MY SON/DAUGHTER \_\_\_\_\_  
PRINT NAME OF CHILD

**TO PARTICIPATE IN THE BERGEN COUNTY YOUTH POLICE ACADEMY INCLUDING PHYSICAL TRAINING/EXERCISE/SPORTS, ALL THE ACTIVITIES OUTLINED IN THE CALENDAR OF EVENTS, AS WELL AS TRANSPORTATION TO AND FROM SAID EVENTS AND CONSENT FOR PHOTOGRAPHY/VIDEOTAPING/INTERVIEWS.**

THE UNDERSIGNED HEREBY **RELEASES AND DISCHARGES** THE COUNTY OF BERGEN, INCLUDING THE BERGEN COUNTY PROSECUTOR'S OFFICE, THE OFFICE OF THE BERGEN COUNTY SHERIFF, AND THEIR AGENTS AND EMPLOYEES THEREOF, **FROM ALL LIABILITY CLAIMS AND CAUSES OF ACTION THAT THE UNDERSIGNED MAY HAVE FOR PERSONAL INJURIES, DAMAGES OR LOSSES OF ANY NATURE**, WHICH MAY RESULT, OR OCCUR AS A RESULT, OF PARTICIPATION IN THIS PROGRAM AND IN ANY CAPACITY OR FUNCTION AS A YOUTH ACADEMY PARTICIPANT.

THE UNDERSIGNED FURTHER AGREES TO HAVE THEIR CHILD OBEY DIRECTIVES OF YOUTH ACADEMY INSTRUCTORS, POLICE OFFICERS OR THEIR DESIGNEES WHILE ACCOMPANYING SAID OFFICER. ADDITIONALLY, PARTICIPATION IN THE PROGRAM CAN BE RESCINDED AT ANY TIME DURING THE COURSE OF THE ACADEMY WITHOUT CAUSE AND IS IN THE SOLE AND ABSOLUTE DISCRETION OF THE PROGRAM DIRECTOR/INSTRUCTORS.

THE UNDERSIGNED FURTHER PERMITS THE BERGEN COUNTY YOUTH ACADEMY TO PRINT OR DISPLAY ANY PHOTOGRAPHS OF ANY CHILD IN BERGEN COUNTY PROSECUTOR'S OFFICE PUBLICATIONS IN THE BERGEN COUNTY PROSECUTOR'S OFFICE WEBSITE AND/OR PRINT RELEASES OR IN MEDIA COVERAGE OF THE BERGEN COUNTY YOUTH ACADEMY PROGRAM.

THE UNDERSIGNED FURTHER UNDERSTANDS THAT THE LUNCH PROVIDED BY THE BERGEN COUNTY YOUTH ACADEMY CANNOT ACCOMMODATE ANY SPECIAL DIETARY NEEDS OR RESTRICTIONS. CADETS, HOWEVER, MAY BRING THEIR OWN LUNCH.

THE UNDERSIGNED FURTHER ATTESTS THAT MY CHILD HAS NO PHYSICAL RESTRICTIONS AND/OR LIMITATIONS AND MAY PARTICIPATE IN ALL ACTIVITIES RELATING TO THE BERGEN COUNTY YOUTH ACADEMY INCLUDING STRENUOUS PHYSICAL ACTIVITIES.

I HEREBY ATTEST TO HAVING READ THIS DOCUMENT AND THE CALENDAR OF EVENTS AND ACKNOWLEDGE THE UNDERSTANDING THEREOF.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



# BERGEN COUNTY YOUTH POLICE ACADEMY 2015



I grant

I do not grant

my permission for my child \_\_\_\_\_

to be dismissed from the Bergen County Youth Police Academy, held during the weeks of June 29-July 10, 2015 on their own, without a parent/guardian being present at the time of dismissal.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date