



JUNIOR POLICE ACADEMY  
City of Middletown Police Department  
(845) 343- 3151

## 3<sup>rd</sup> & 4<sup>th</sup> Grader

The City of Middletown Police Department will be hosting our first Junior Police Academy from August 1, 2016 through August 5, 2016. The location will be announced in the near future (location will be in the City of Middletown).

Enrollment for the academy will be restricted to 30 recruits per session. All applicants must be residents of the City of Middletown and be currently enrolled in the Enlarged City School District of Middletown for the 2016-2017 school year. Session #1 will be for recruits entering 3<sup>rd</sup> grade or 4<sup>th</sup> grade for the 2016-2017 school year. Session #2 will be for recruits entering 5<sup>th</sup> or 6<sup>th</sup> grade for the 2016-2017 school year.

Applications will be available beginning on May 2, 2016. The application may be picked up at the City of Middletown Police Department, the Middletown Recreation Office or you can download it from the City of Middletown Police Department's website. Applications will be turned into the Middletown Recreation Department no later than May 20, 2016 at 4:30pm. All returned applications and attached waivers/releases should be filled out completely. Any application that is not filled out completely or as instructed may be subject to disqualification. *No application will be accepted after May 20, 2016 at 4:30pm.*

We expect to have a large number of applications turned in for each session. There will be a selection process based on information contained in the application. Applicants will be notified via phone on June 17th for acceptance into the program. If selected to attend the program, you will have until July 1, 2016 at noon to provide the Academy fee of \$75.00 per recruit. If you do not pay the fee by July 1, 2016 at noon, your spot will be offered to an alternate applicant.

Our objective is a week of education and fun through a Police Academy Format. The week will include various presentations, hands-on practices and physical training to give recruits an idea of what is involved in being a police officer. Presentations will include crime scene procedures, K-9 capabilities, crime prevention, police officer responsibility at fire scenes, narcotics safety and reporting and much more!

The schedule is from 9:00am until 3:00pm daily. The recruits are to be dropped off no later than 8:50am on each day. Transportation to and from the academy is the responsibility of the recruit's parent/guardian. Recruits are **required** to attend the entire session in order to participate in the culmination ceremony and to receive a certificate of completion at the conclusion of the session. Please be prompt when dropping off and picking up your children.

Please ensure to label all items which the recruits will be bringing with them to camp. Recruits are required to bring their own labeled water bottle and must wear sneakers to the academy. Lunch will be provided to the recruits.

We are hopeful that the interaction that will take place between your child and the members of our department will have a positive effect on all involved. As police officers, we thoroughly enjoy participating in the program and look forward to working with your children.



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**APPLICATION**

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Please fill out the following requested information completely. Please print all answers clearly. Any false, incomplete or illegible information may exclude the applicant from participating in this program.

Student's Name: \_\_\_\_\_  
(last name) (first name)

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tee Shirt Size: S M L (youth sizes)  
S M L XL (adult sizes)

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Parent/Guardian Name: \_\_\_\_\_  
(last name) (first name)

Parent/Guardian Phone Number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(home) (cell/work)

Emergency Contact: \_\_\_\_\_  
(last name) (first name)

Emergency Contact Phone Number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(home) (cell/work)

Relationship to Child: \_\_\_\_\_

Briefly describe your reason for wanting to participate in the Juvenile Police Academy:

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**CODE OF CONDUCT**

1. Recruits will refrain from physical and verbal violence toward other recruits and academy staff.
2. Recruits will act in a professional manner at all times and follow directions from academy staff.
3. Recruits will wear the provided academy tee shirt and sneakers for class each day.
4. Recruits will follow all rules and regulations as directed by academy staff.
5. Recruits will refrain from bullying, teasing, or harassing other recruits.
6. Recruits will arrive promptly each morning of the academy.
7. Recruits will not be allowed to bring cell phones, iPods, MP3 players, video games, or other electronic gaming or music devices to the academy.
8. Recruits will not be allowed to take pictures of other recruits or academy staff during the academy.
9. Any illness or injury suffered by the recruit should immediately be brought to the attention of academy staff.
10. Any act or threat of physical violence towards another recruit or staff member will result in the recruit’s immediate removal from the program.
11. *Recruits who violate any of the Academy Rules will be expelled from the program.*

**Parent/Guardian to Complete**

I \_\_\_\_\_ have reviewed the Code of Conduct with my child and he/she understands and agrees to abide by the rules outlined above. It is understood that any violation of these rules will result in removal from the program. I understand that **NO refund will be provided after the equipment and supplies for the Academy have been ordered.** I also understand that **NO refund** will be provided if my child is expelled from the program for a violation of the academy Code of Conduct or if my child quits the program.

Parent/Guardian:\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_



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The undersigned parent/guardian, understanding all activities and requirements, requests the opportunity and privilege of having my child participate in the City of Middletown Police Department Junior Police Academy. The undersigned agrees to have their child obey any and all directives or orders of any member of the City of Middletown. While he/she is engaged in any and all activities relating to the Junior Police Academy.

I further acknowledge that the privilege of participating in this program may be rescinded at any time during the course of the Junior Police Academy as a result of improper behavior or other factors that may be detrimental to the safety or well-being of any other participants or instructors, and the decision to rescind this privilege is in the sole and absolute discretion of the police officers involved. Furthermore I have received and reviewed the Code of Conduct page of this application with my child and agree to abide by those instructions and rules.

The undersigned understands that the Junior Police Academy generates interest from news media, both print, Internet and television, and authorizes the release of my child's image for use in any news or media story relating to the Junior Police Academy. I also authorize the release of my child's image and/or name for use in any and all presentations or other media to be used for or by the City of Middletown.

Parent/Guardian:\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

# JUNIOR POLICE ACADEMY

August 2016

Dear Junior Police Academy Participant,

Please return the "**Medical Information**" form at the bottom of this notice, when you turn in your completed Junior Police Academy application. **REGISTRATION APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A COMPLETED MEDICAL FORM.** A new Medical Form must be filled out each year.

The Junior Police Academy begins at **9:00 a.m.** and ends at **3:00 p.m.** Please make necessary arrangements to depart at 3:00 p.m. Although we hope to have no use for it, secondary accident insurance is provided.

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PLEASE RETURN with CAMP APPLICATION TO: Middletown Recreation Dept., 47 Academy Avenue, Middletown, NY 10940

## MEDICAL INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# {home} \_\_\_\_\_ {work} \_\_\_\_\_ {cell} \_\_\_\_\_

Current Confidential Medical History – Please write just the **MOST RECENT DATES** on the below lines.

**PLEASE** provide a valid copy of child's **Birth Certificate**.

### IMMUNIZATION AGAINST

### DATE IMMUNIZED

mo./date/yr.

Varicella(**Chicken Pox**)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Diphtheria/Tetanus (**DTP**)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Poliomyelitis(**OPV**)

\_\_\_\_/\_\_\_\_/\_\_\_\_

### IMMUNIZATION AGAINST

Haemophilus influenza type B

Measles/Mumps/Rubella(**MMR**)

Hepatitis B

### DATE IMMUNIZED

mo./date/yr.

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

**OTHER MEDICAL INFORMATION, RESTRICTIONS, MEDICATIONS (ALLERGIES, BEE STING, ASTHMA, ETC.):**

### NAME, ADDRESS, & PHONE NUMBER OF RESPONSIBLE PERSON TO CONTACT IN CASE OF EMERGENCY

**NAME**

**ADDRESS**

**PHONE#**

1. \_\_\_\_\_

2. \_\_\_\_\_

**PARENT or GUARDIAN'S CERTIFICATION:** I certify that the applicant named above is in good health and has my permission to participate in the **2016 MIDDLETOWN JUNIOR POLICE ACADEMY** & be transported by Mid-City Bus to program locations as needed. I also certify that I understand and acknowledge that I will be required to pay a late pick-up fee of \$25.00 if I fail to pick-up my child at the designated pick-up time stated on the registration form.

Signed: \_\_\_\_\_