



MIDDLESEX BOROUGH POLICE DEPARTMENT

1101 Mountain Avenue
Middlesex, New Jersey 08846
732-356-1900
732-356-7218 Fax



2019 YOUTH ACADEMY APPLICATION

Please Complete BOTH Sides of application.

DO NOT send payment until notification has been made to you of acceptance.

APPLICATIONS WILL BE ACCEPTED FROM APRIL 29th through MAY 31st, 2019.

RECRUIT INFORMATION:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: (____)____ - _____

CELL PHONE: (____)____ - _____ / (____)____ - _____

GRADE ENTERING IN SEPTEMBER: _____ AGE: _____ M/F: _____

Please Select Size

Table with 8 columns: Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult XL. Rows for Shirt Size and Short Size.

(ACADEMY USE ONLY)

Acceptance _____ Notification Made _____ Uniform Distributed _____

Payment received ____/____/____ Amount _____ Check Number _____

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EMERGENCY TREATMENT RELEASE

TO WHOM IT MAY CONCERN:

As the parent and/or guardian of _____, a minor, I herewith authorize emergency transportation to an appropriate medical facility and the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian: _____

Address: _____

Home Phone: (_____)_____-_____

Cell Phone: (_____)_____-_____

Family Physician: _____ Phone: (_____)_____-_____

Specific medical information, allergies, chronic illness, other medical conditions or special academic considerations that the instructors should be aware of:

Dates during which release is granted: June 24th-June 28th, 2019

Other Contact In Case of Emergency:

Name of Contact _____ Phone (_____)_____-_____

Relationship to child: _____ Additional Phone #(_____)_____-_____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature _____

Date: ____/____/____



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Youth Academy Information

- ✓ The Middlesex Borough Police Department's Youth Academy will be held from **June 24th-28th, 2019.**
- ✓ The Youth Academy is open to Middlesex Borough Residents who will be entering 7th or 8th grade in September of 2019 and who are in good standing.
- ✓ The Youth Academy will accept applications on a first-come, first-served basis.
- ✓ Application and Emergency Treatment Release Forms must be submitted between April 29th, 2019 and May 31st, 2019.
- ✓ Recruits must be on location and ready to begin promptly at 8:30am.
- ✓ The day concludes at 1:00pm.
- ✓ The cost to participate is \$50.00 *per recruit* and must be paid upon acceptance. Make checks payable to "The Borough of Middlesex."
- ✓ An Academy t-shirt, pair of shorts, baseball cap and notebook will be provided.
- ✓ Uniforms will be distributed the week of June 17th and **MUST BE WORN EACH DAY** of the Youth Academy.