



ROCKAWAY TOWNSHIP POLICE DEPARTMENT

Junior Police Academy Registration

July 13, 2026 – July 17, 2026

MONDAY - FRIDAY 7:45 A.M. – 2:30 P.M.

Applications should be completed and **returned no later than May 22, 2026**. They may be dropped off at the Rockaway Township Police Headquarters, 65 Mt. Hope Rd. Rockaway NJ 07866 Attention: Chief R. Scherr Completed applications may also be emailed to Chief@rktpd.org

Birth Certificate: ___Yes ___No Proof of Address: ___Yes ___No T-Shirt Size: _____ Shorts Size: _____

CHILD'S NAME: _____ Address _____

DATE OF BIRTH: ___/___/___ AGE: _____ MALE: _____ FEMALE: _____ SCHOOL: _____ GRADE: _____

To the Parent(s) or Guardian(s):

The Junior Police Academy is designed to provide interested youth with an opportunity to participate in an abbreviated experience in police/para military training and operation. This will include participation in activities including but not limited to the following:

1. Physical Assessments & Squad Challenges
2. Daily Physical Training such as push-ups, sit-ups, running etc.
3. Military drill instruction, inspection, and practice
4. Defensive tactics and crowd control
5. K9 and Bomb Squad Demo
6. NJ State Police Horse Demo
7. Morris County Correctional Facility / Jail Tour/ Morris County Communication Center
8. CPR/Basic first aid
9. State Police Helicopter Visit

Before Rockaway Township may allow a willing participant into the program it will be necessary for you to secure a licensed medical provider's written clearance indicating that the candidate is capable in participating in the type and character of the activities listed above.

The Medical Provider's written clearance must accompany any application or be submitted before the application deadline, which is **May 22, 2026**.

Request to accept candidate:

I/WE, the parents of the above-named candidate hereby request that he/she be accepted into the Rockaway Township Junior Police Academy program. I/We acknowledge that the program will require participation in the type of activities in which our child has been approved to participate by a licensed medical provider.

In addition, I/we give my/our permission to his/her participation in the Program activities. I/WE assume all risks and hazards incidental to such participation and have consented (below) not to hold the Township responsible for any and all injuries to our child which may occur during or as a result of such participation.

I/WE have or will furnish a certified birth certificate of the above-named candidate to the Rockaway Township Police Department Officials before the closing date for applications. I/WE agree to return upon request any equipment issued to our child in as good condition as when received, except for normal wear and tear. I/WE will furnish transportation to and from the summer program for my/our child.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: ___/___/_____

EMAIL: _____



ROCKAWAY TOWNSHIP POLICE DEPARTMENT

65 Mount Hope Road
Rockaway NJ 07866
973-625-4000

Rockaway Township Police Department Anti-Bullying Policy Acknowledgement and Agreement

****** This form must be returned with all signatures before participation is permitted. ******

- A. **Definition:** Bullying is unfair and one-sided. It occurs when someone keeps hurting, frightening, or leaving someone out intentionally. Bullying always involves an imbalance of power that is not necessarily based on physical size.
- B. **Reporting:** All staff members, employees, parents, volunteers, and program participants associated with the Rockaway Township Police Department and its programs have an obligation to immediately report all acts of bullying to the person in charge of the event or activity. The report can be an oral report.
- C. **Investigation:** All reports of bullying will be taken seriously and immediately investigated. Parents will be informed as to the determination.
- D. **Consequences for Violation of Policy:** The Rockaway Township Police Department has **no tolerance** for bullying. Program activities violating the Anti-Bullying Policy shall be subject to progressive disciplinary action. Any child removed from an activity/program for disciplinary reasons, forfeits any fees paid to the Rockaway Township Police Department. Disciplinary action can include:
 - Conference with the program coordinator or activity leader.
 - Parental Conference
 - Suspension from Activity/Program (ranges from "time out" to suspension of the program, depending on the severity of the offense)
 - Removal from the Program in its entirety
 - Law Enforcement involvement

***** This list is not intended to be all inclusive**

NOTE: Participants making false reports shall be disciplined in the same manner defined in section "D".

Acknowledgement, Release and Agreement:

By signing this form, parents and participants acknowledge their understanding of this agreement and their willingness to remain compliant with the anti-bullying policy. Signatures further indicate that the parties understand that removal from the Rockaway Township Police Department program for a violation of this policy will result in forfeiture of all funds paid for participation. Program participants and their parents/guardian agree to hold harmless the Township of Rockaway, its employees, volunteers, and Rockaway Township Police Department employees and elected officials from any and all liability arising under this policy.

Program Participant Print Name: _____ Signature: _____ DATE: ____/____/____

Parent/Guardian Print Name: _____ Signature: _____ DATE: ____/____/____



ROCKAWAY TOWNSHIP POLICE DEPARTMENT PROGRAM POLICY

The following is hereby declared to be the policy of the Rockaway Township Police Department, hereinafter "Rockaway," as to its summer program:

1. Hours of Operation:

The hours of operation of the Township of Rockaway Police Junior Academy Program shall be 8:00 A.M. to 2:30 P.M., Monday through Friday. Drop off time will be between 7:45 A.M. and 8:00 A.M. Pick up will be at the DBO School, promptly at 2:30 P.M.

2. Eligibility:

Children who are residents of the Township of Rockaway may participate in the Rockaway Township Police Department Junior Academy Program. Children must be between school grades 5-8. Rockaway reserves the right to request a birth certificate to confirm a child's age. Rockaway also reserves the right to request proof of residency.

3. Attendance:

Attendance is mandatory, those children who attend for the day must be dropped off by a parent/guardian and the parent/guardian must sign-in and sign-out their child(ren) with a staff member noting the time of arrival and departure. After a child is dropped off, that child may not leave the program unless picked up by a parent/guardian or designated person. Proper identification may be required to identify the parent, guardian or designated person who is picking the child up during the day.

THE ACADEMY WILL CLOSE AT 2:30 P.M. SHARP! Children must be picked up no later than 2:30 p.m.

4. Medications:

Our program staff members are not allowed to administer any medications. Children requiring medications to be administered during the day shall not be permitted to enter the program, unless a parent or guardian makes alternate arrangements for the administration of medication.

5. Behavior:

This program maintains a zero-tolerance policy for insubordination or inappropriate behavior during the program. Rockaway reserves the right to expel any child from the program who is insubordinate or who behaves improperly. This shall be in the sole discretion of the Rockaway Township Police Department staff. There is no right of appeal or hearing.

6. Electronic games and cell phones:

Children are not allowed to bring electronic games to the program. Children may carry cell phones with the written permission of their parents. Rockaway will not be responsible for any electronic equipment or cell phones brought by children to the program that are lost, stolen or damaged. Parents who send electronic games or cell phones with their children are at their sole risk.

Child Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ____/____/____



**ROCKAWAY TOWNSHIP POLICE DEPARTMENT
ASSUMPTION OF RISK,
COVENANT NOT TO SUE, INDEMINIFICATION**

The undersigned hereby agree as follows:

I/We understand that participation in the Rockaway Township Junior Police Academy Program (Program) is strictly voluntary, and I/we have freely chosen to allow our child to participate

I/We are aware of the risks of participation in the program which include, but are not limited to, the possibility of injury to person or property which may result from participating in various activities conducted by the program.

I / We acknowledge that it is foreseeable that injuries may be caused as a result of performing the physical requirements of the program, through interaction with other children, may be weather-related, occur during program related travel, or be caused by outside persons or forces. I / We also acknowledge that participation in the program could result in the loss of personal property by way of theft, damage, or otherwise.

I/WE the parent(s) / guardian(s) of our proposed candidate hereby assume all risks and hazards incidental to his/her participation in the Rockaway Township Junior Police Academy Program and hereby covenant not to sue Rockaway Township, its employees, officials, agents or representatives, including program volunteers, for injuries of any kind or degree whatsoever (including death) which my/our child may suffer as a result of participation in the Program. We further release any personal claims we, either severally or individually, may have otherwise asserted against Rockaway Township as a result of our child's participation in the program.

If I/we choose to sue other persons or entities as a result of injuries of any kind or degree whatsoever suffered by my/our child as a result of participation in the Program then I/We shall defend, indemnify, protect and hold harmless (including the payment of attorney's fees) the Township of Rockaway, its agents, officials, employees, or representatives including program volunteers against all claims made against the Township by other persons or entities for injuries suffered by my/our child on the Township of Rockaway property and/or through participation in the Program.

I/WE understand that neither the Township of Rockaway nor the Rockaway Township Police Department provides medical coverage for my/our child, and I/we hereby verify that I/we will be responsible for any medical costs I/we incur as a result of my/our child's participation in this program.

Child Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ___/___/_____



ROCKAWAY TOWNSHIP POLICE DEPARTMENT

CONSENT TO WAIVER TO TRANSPORT CHILD

I/We authorize the Rockaway Township Police Department, to transport my minor child, _____, driven by an individual authorized by the Township of Rockaway if necessary. I/WE understand my child is expected to follow the directions provided by the driver and/or staff or volunteer. I/WE have read, understood, and discussed with my child the following:

1. My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel.
2. My child is expected to listen to supervising staff/drivers, respect staff and other children, in the vehicles they ride in, and the people they travel with during the trip.
3. Riding in a motor vehicle may result in personal injuries or death from accidents, collisions or acts by the riders, other drivers, or objects; and,
4. My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Child Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ____/____/____



ROCKAWAY TOWNSHIP POLICE DEPARTMENT

CONSENT TO PHOTOGRAPH AND/OR VIDEO/AUDIO

I/WE understand that the Rockaway Township Police Department takes pictures and or video of children during the Rockaway Township Junior Police Academy Program to promote the program and to communicate with the community the good works and fun enjoyed by our child/children in this program. I/WE hereby give permission for the use of such photographs and/or video/audio by the Rockaway Township Police Departments use in promotional materials, on social media platforms, or for other purposes indefinitely.

Child Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** ____/____/____

EMERGENCY TREATMENT AUTHORIZATION FORM

TO WHOM IT MAY CONCERN:

1. As a parent and/or guardian of _____, a minor, I/we hereby authorize the treatment by a qualified, certified, or licensed Emergency Services Technician, Registered Nurse, Licensed Practical Nurse, Physician's Assistant or Medical Doctor to administer on scene emergency care as may be deemed necessary in response to an emergency involving my/our child; and
2. Also, in the event of a medical emergency I/we hereby authorize a licensed medical doctor to provide any and all medical treatment/care, which in the opinion of the attending physician, may endanger my child's life, health, physical well-being, or cause disfigurement or undue discomfort, if delayed. This authorization is granted with the understanding that a reasonable effort shall be made to contact me/us and or the emergency contacts listed below to approve or disapprove of such treatment, which reasonable effort shall be defined as calling the emergency contact telephone number(s) provided hereby.

THIS AUTHORIZATION FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL FOR THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____

Full Address: _____

Cell Phone #: _____

Alternate Phone #: _____

Work Phone #: _____

Name of Parent/Guardian: _____

Full Address: _____

Cell Phone #: _____

Alternate Phone #: _____

Work Phone #: _____

Physician: _____ Phone #: _____

*****This Authorization shall be effective as follows: FROM JULY 13, 2026 TO July 17, 2026.*****

ADDITIONAL EMERGENCY CONTACTS, IF ANY

Name of Emergency Contact #1: _____ Relationship to Child: _____

Cell Phone # of Emergency Contact #1: _____

Name of Emergency Contact #2: _____ Relationship to Child: _____

Cell Phone # of Emergency Contact #2: _____