



Ocean Township Police Department

Committed to Serving and Protecting the Citizens of Ocean Township

50 Railroad Avenue Waretown, New Jersey 08758
Telephone (609)639-4007 • Fax: (609)693-8392

Michal J. Rogalski
Chief of Police

Junior Police Academy Class #13 APPLICATION July 7 - July 11, 2025

Applicant Information:

Name _____ Male or Female

Address _____
House Number, Street, City, State, and Zip

Current Grade: 4th 5th 6th (check one)

This is my 1st 2nd 3rd time attending the police academy. (check one)

(Please circle only one shirt and only one short size)

T-Shirt size (Adult Size) S M L XL Shorts size (Adult Size) S M L XL
T-Shirt size (Youth Size) S M L XL Shorts size (Youth Size) S M L XL

FEE TO JOIN : \$100.00 (to be submitted with the application)
Please make check payable to the TOWNSHIP OF OCEAN – In the Memo line of the check put JPA with the name of the child attending.

Parent/Guardian Information:

Mother's Name _____ Father's Name _____

Address _____
House Number, City, State, and Zip

Home Telephone # _____ Cell Phone # _____

E-mail Address _____

Emergency Contact Information:

Name _____ Relationship _____

Address _____
House Number and Street, City, State, and Zip

Contact Phone Number(s) _____

Family Physician:

Name _____ Telephone # _____

Address _____
House Number and Street, City, State, and Zip

Last Visit _____ Reason _____

Medical Questionnaire: Please answer all questions:

1. Is your child being seen for medical reasons now? If yes, please explain.

2. Does your child have any allergies? If yes, please explain.

3. Has your child ever been hospitalized? If yes, please explain.

4. Does your child have high blood pressure? If yes, please explain.

5. Does your child suffer from any heart problems? If yes, please explain.

6. Has your child ever suffered from Heat Exhaustion and / or Heatstroke?

7. Are there any medical problems or disabilities that may affect your child during this event? If yes, please explain.

8. Does your child have a learning disability? (We want to make this experience memorable and this knowledge will help us do that.)

9. If your child should become ill and need attention, what hospital should be used? However, please be advised that the ultimate decision may ly with the medical personnel at the scene.

10. Is your child taking any medications? (Prescription or over the counter)

Parents:

I understand that the health history statement is true and that my child is able to participate in the Ocean Township Junior Police Academy. I further grant permission for my child to participate in all physical activities to be held by the OTPD Junior Police Academy.

Print Name: _____ Signature: _____

Date: _____ Relationship to Child: _____

Include with application the following:

- 1. Code of Conduct**
- 2. Contact Information**
- 3. Directions Sheet**
- 4. Uniforms, Attendance and Lunches**
- 5. Hydration**
- 6. Release Authorization**
- 7. Hold Harmless Agreement**