



Elizabeth Police Department - Junior Police Academy

Community Affairs Ph: 908-527-6503 or Officer G. Arias Ph: 908-967-4004

Email: Garias@elizabethnj.org

APPLICATION

Liability Waiver & Sign-Up Form

We're excited to announce that this year, we've extended our program by an extra week to accommodate students who applied but were not initially accepted. This extension aims to provide more opportunities for students to benefit from our program.

The Elizabeth Police Department will be providing a baseball cap, (2) t-shirts, and water bottle to all students who attend the academy. **PLEASE SUBMIT** your application **IN PERSON** to: Elizabeth Police Dept., Attn: Community Affairs, 1 Police Plaza, Elizabeth NJ 07201 **OR** You can also complete, scan, and email the application to Officer G. Arias at garias@elizabethnj.org. This program is available to the City of Elizabeth School children that have completed the 6th, 7th, and 8th grades. Due to class size limitations, the Junior Police Academy will be on a first-come, first-served basis.

- Please note that each cadet is only allowed to attend one phase of the program. The program will be divided into two phases: Please select the week of your choice.

☐ **Phase #1:** Tuesday, July 08, 2025 to Friday, July 18, 2025, from 9:00 AM to 3:30 PM.

☐ **Phase #2:** Tuesday, July 22, 2025, to Friday, August 1, 2025, from 9:00 AM to 3:30 PM.

All cadets are required to report to the Frank J. Cicarell Academy located at 40 Morrell Street, Elizabeth NJ 07202. **You will be responsible to provide transportation to and from the facility.**

Additionally, a medical form is included in the application packet. This form must be filled out by the child's doctor and returned along with the academy's application. Your child will **NOT** be able to attend the academy without a completed and signed medical form.

Please email the completed application packet to Garias@elizabethnj.org. Ensure that the application is readable, so please print clearly and neatly.

Rules and Regulations of Elizabeth Junior Police Academy

To maintain the standards of our Junior Police Academy program, it is required that cadets maintain passing grades in their classes. Failure to do so will result in ineligibility to participate in



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the program. Attendance is mandatory for all academy sessions. Even in the case of family vacations, cadets must attend every session to ensure fairness to other applicants and maintain consistency in training. Cadets MAY NOT enroll in more than one program simultaneously while in our Junior Police Academy Program.

Uniform adherence is mandatory. Cadets must wear the provided T-shirt, BDU/Cargo shorts, black belt, sneakers with proper socks, and issued baseball cap.

Accessories such as earrings, rings, bracelets, neck chains, ankle bracelets, leggings, jeans, sweatpants, shoes, purses, wallets, and cellphones are not permitted during class. Punctuality is essential. Cadets must arrive on time for all sessions.

These guidelines are established to uphold the professionalism and integrity of our Junior Police Academy. We appreciate your cooperation in adhering to these expectations.

As part of the curriculum, your child will be exposed to an environment like a formal police academy. This program will provide your child the opportunity to experience a simplified version of what a police academy is like. Under the supervision of certified firearms instructors, they will be exposed to simulated weapons and simulated scenarios. By signing this waiver, you agree to allow your child to participate.

Child's Information

Name _____ Age _____ Grade _____ ☐ Boy ☐ Girl

Allergies/Chronic Illness or other Medical Conditions the staff should be aware of:

Uniform

Shirt Size (please circle)	S	M	L	XL	** Adult sizes ONLY
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I, _____ hereby give my permission for my child to participate in the Elizabeth Police Department Junior Police Academy and assume the risk thereof.

I do agree for myself/my child at all times to keep the Elizabeth Police Department, the Elizabeth Board of Education, volunteers or paid personnel and the City of Elizabeth free, harmless and indemnified from any and all liability for injury my child might sustain as the result of said participation and will not hold the Elizabeth Police Department responsible for any losses that may occur.



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I remise, release, acquit, satisfy and forever discharge the City of Elizabeth, the Elizabeth Police Department, the Elizabeth Board of Education and any parties involved in this event of and from all manner of actions, causes of action, suits, debts, covenants, damages, injuries and or demands whatsoever, which said Applicant ever had, now has, or which any personal representative, successor, heir or assign of said Applicant hereafter can, shall or may have, against said parties, by reason of any matter. I hereby assume full responsibility for any expenses incurred as the result of any injury incurred through my child's participation in this activity.

Photographs, video, and audio recordings of the participant, while participating in a City of Elizabeth program may be made. I hereby permit, consent, and authorize such materials of my son/daughter as an individual or part of a group with or without text to be used by the Elizabeth Police Department, the Elizabeth Board of Education, or the City of Elizabeth.

To maintain the standards of our Junior Police Program, it is required that cadets maintain passing grades in their schooling classes. Failure to do so will result in ineligibility to participate in the program. Attendance is mandatory for all academy sessions. Even in the case of family vacations, cadets must attend every session to ensure fairness to other applicants and maintain consistency in training. Cadets may not enroll in more than one program simultaneously while in our Junior Police Program. Uniform adherence is mandatory. Cadets must wear the provided T-shirt, BDU/Cargo shorts, black belt, sneakers with proper socks, and baseball cap.

Accessories such as earrings, rings, bracelets, neck chains, ankle bracelets, leggings, jeans, sweatpants, shoes, purses, wallets, and cellphones are not permitted during class. Punctuality is essential. Cadets must arrive on time for all sessions. These guidelines are established to uphold the professionalism and integrity of our Junior Police Academy. We appreciate your cooperation in adhering to these expectations.

NOTE: Please be aware that **NO** jewelry is to be worn by any attendee during camp hours. If your child uses a cellular phone to communicate with you (parent/guardian), they may bring it with them however it will be kept secure during the academy session.

Parent/Guardian Name (print): _____

Signature: _____



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EMERGENCY MEDICAL TREATMENT

As a parent/guardian of _____, I hereby authorize 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/her life, cause disfigurements, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

PARENT/GUARDIAN INFORMATION (PLEASE PRINT LEGIBLY)

Name _____ Emergency Phone: _____

Address _____ Email (required) _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell # _____

OTHER EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Family Physician _____ Phone _____

Parent/Guardian Signature: _____ Date _____

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

EPD Junior Academy Preparticipation Physical Evaluation HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep copy of this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> InfectionsOther: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PLEASE FILL OUT EACH INDIVIDUAL QUESTION

MANDATORY!! ALL CADETS PARENTS MUST FILL OUT FORM IN ITS ENTIRETY

■ EPD Junior Academy Preparticipation Physical Evaluation

Parental
Form

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

EPD Junior Academy Preparticipation Physical Evaluation PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- ☐ Not cleared
- ☐ Pending further evaluation
 - ☐ For any sports
 - ☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date of exam _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Doctor's
Form

■

EPD Junior Academy Preparticipation Physical Evaluation
CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- ☐ Not cleared
- ☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____ Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

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