

**MIDDLETOWN TOWNSHIP POLICE
DEPARTMENT POLICE YOUTH WEEK
APPLICATION FOR ENROLLMENT
Please circle July 9-13 or August 6-10
9:00 AM – 3:00 PM
AGES 8-11**

Deadline for applications is April 2, 2018 or until class capacity has been reached.

There is a non-refundable \$35.00 fee to register your child. The registration fee includes a t-shirt, hat ,badge, water bottle and graduation party. Children are to dress in khaki shorts. Please make checks payable to Township of Middletown. Your child can only attend one session. New applicants will receive priority.

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone: _____

Email: _____

School: _____ Grade in Sept.: _____

T-Shirt size: _____ (Stipulate adult or youth)

In Case of Emergency Contact:

1. Name: _____ Address: _____ Phone: _____

2. Name: _____ Address: _____ Phone: _____

In the event I cannot make the 3:00 pickup of my child, the following individual(s) have my permission to transport my child from home:

1. Name: _____ Address: _____ Phone: _____

2. Name: _____ Address: _____ Phone: _____

Personal Health and Medical Record

____ Asthma ____ Heart Trouble ____ High Blood Pressure

____ Fainting ____ Diabetes ____ Contact Lenses

____ Convulsions ____ Motion Sickness

____ **Allergy** or reaction to any medicine, food, plant, animal, or insect toxin

____ Any other condition that may require special care, medication, or knowledge

Explain: _____

Will be able to participate in all activities: _____

Except (specify): _____

Are there any current health problems? _____ Yes _____ No

Under any medical care or taking any medications? _____ Yes _____ No

Has there been any surgery, injury, illness, allergy or change
in health status since the students last physical exam? _____ Yes _____ No

Explain any YES answers: _____

Is there a past or present history of:

	No	Yes	Year	Details
Serious illness or injury	_____	_____	_____	_____
Surgery	_____	_____	_____	_____
Nut allergy	_____	_____	_____	_____
Ears, eyes, nose, sinus	_____	_____	_____	_____
Teeth, tonsils	_____	_____	_____	_____
Heart Murmur	_____	_____	_____	_____
Skin, glands	_____	_____	_____	_____
Chest, lungs, respiratory	_____	_____	_____	_____
Stomach, bowels	_____	_____	_____	_____
Kidney/Urine infection	_____	_____	_____	_____
Behavioral condition	_____	_____	_____	_____

PARENT'S AUTHORIZATION: To the best of my knowledge, the answers I have given are correct and complete. I have no reason to restrict my child's activity and give permission for participation in all activities except as noted above. In the event that I cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child.

Parent's Signature

Date

MEDIA PERMISSION SLIP

Dear Parent/Guardian:

We, as the Middletown Twp. Police Department, want to celebrate your child's work and his/her participation in our Police Youth Week Program. We are requesting permission for your child's image to be published.

Please check the space below giving permission for your child/children to be photographed. Then, detach the bottom of the form, sign it and return it on or before April 2, 2018.

Your signature/permission will remain in effect for the duration of the Middletown Twp. Police Youth Week Program.

-----DETACH AND RETURN ON OR BEFORE APRIL 2, 2018-----

MEDIA PERMISSION SLIP

_____ **Full permission is granted.**

This includes the following as appropriate: Image/audio of my child and/or personal identifiers such as name, grade, school and teacher's class. This may include, but is not limited to, school/district website, local papers and school publications, including yearbooks/memory books, DVD's of school events (performance/shows), etc.

Child's Name (please print clearly): _____

Child's Age: _____

Signature of Parent/Guardian: _____

Date: _____