

**MIDDLETOWN TOWNSHIP POLICE DEPARTMENT**  
**POLICE YOUTH WEEK**  
**APPLICATION FOR ENROLLMENT**  
**JULY 10-14 and August 7-11**  
**9:00 AM – 3:00 PM**  
**AGES 8-11**

**\*Deadline for applications is April 21, 2017**

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**There is a non-refundable \$30.00 fee to register your child. The registration fee includes a t-shirt, hat, water bottle, and graduation party. Children are to dress in khaki shorts. Please make the check payable to Township of Middletown. Your child can only attend one session.**

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

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

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

Explain: \_\_\_\_\_

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Please mark with an X and explain any yes answers:

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: \_\_\_\_\_

\_\_\_\_\_

Please mark with an X and explain if there is a past or present history of:

	No	Yes	Year	Explain
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

Completed form and check can be mailed or hand delivered to Police Chief Craig Weber,  
Township of Middletown, 1 Kings Highway, Middletown, NJ 07748