PISCATAWAY POLICE DEPARTMENT



YOUTH WEEK 2024

JUNE 24 – 28, 2024

PISCATAWAY TOWNSHIP POLICE DEPARTMENT



Applications must be submitted by April 26, 2024 2024 POLICE YOUTH WEEK APPLICATION

NJ							
LAST NAME _		FIRST				M.I	
HOME ADDRESS							
TIOME / IDDITED	Number	Street		City	State	Zip	
	DATE OF BIRTH	11	AGE	SEX: MALE	FEMALE		
	НОІ	ME TELEPHONE NUMBER					
GRADE ENTE	ERING IN SEPTEMBER 2	023: SCHOOL	ATTENDING:				
SH	IRT SIZE (adult) SM.	MED. LG. XL	SHORTS SIZE (a	adult) SM. 🔲 M	ED. 🗌 LG. 🗎 XL		
PLEASE E POLICE Y	EXPLAIN WHAT ARE YO OUTH WEEK. (Applican	OUR FUTURE SCHOOLING A t must complete in his/her o	AND CAREER GO own handwriting)	ALS AND WHAT	YOU WOULD LIKE	TO LEARN FRO	
3							

PISCATAWAY TOWNSHIP POLICE DEPARTMENT

POLICE YOUTH WEEK MEDICAL EMERGENCY TREATMENT RELEASE

TO WHOW IT WAY CONCE	KN:			
AS A PARENT AND/	HILD'S NAME)	, A MINOR, I		
HEREWITH AUTHORIZE IN THE EVENT OF A MEDICAL PHYSICIAN, MAY ENDANG IMPAIRMENT, OR UNDUE AFTER A REASONABLE E THIS RELEASE IS GRANTE	MEDICAL TREATMENT BY LEMERGENCY, WHICH, IN ER HIS OF HER LIFE, CAU DISCOMFORT, IF DELAY FFORT HAS BEEN MADE 1	A QUALIFIED AND LICE THE OPINION OF THE A SE DISFIGUREMENT, PH ED. THIS AUTHORITY FO CONTACT ME. THE	ENSED DOCTOR IN TTENDING IYSICAL IS GRANTED ONLY	
NAME OF PARENT/GUARDIAN: _		ADDRESS:		
HOME TELEPHONE:		CELL PHONE:	And Andreas	
FAMILY PHYSICIAN:	wa.	TELEPHONE:		
PLEASE LIST ANY SPEC	IFIC MEDICAL ALLERGIES, CHRO	ONIC ILLNESSES OR OTHER N	MEDICAL CONDITIONS	
THE STAFF SHOULD BE AWARE	OF:			
CONTACT IN CASE OF EMERGENCY:				
NAME:	RELATIONSHIP TO CHILD:	PHONE:		
THIS RELEASE FORM IS COMPL AUTHORIZING MEDICAL TREATM				
PARENT'S SIGNATURE:		DATE:	· · · · · · · · · · · · · · · · · · ·	
DADENT'S DRINTER NAME:				

PISCATAWAY TOWNSHIP POLICE DEPARTMENT

POLICE YOUTH WEEK PHOTOGRAPHIC RELEASE

TO WHOM IT MAY CONCERN:

AS A PARENT AND/OR GUARDIAN OF(CHILD'S NAME)	, A MINOR, I
HEREBY GRANT THE PISCATAWAY TOWNSHIP POLICE I REPRESENTATIVES PERMISSION TO TAKE PHOTOGRAPH(S) OF LIKENESS FOR ANY LAWFUL PURPOSE IN ANY OF ITS PUBLIC ADVERTISING, PUBLICITY, INCLUDING WEBSITE AND SOCIAL M PAYMENT OR ANY OTHER CONSIDERATION.	DEPARTMENT AND ITS MY CHILD AND USE THE CATIONS, ILLUSTRATIONS
I HAVE READ THIS RELEASE AND I FULLY UNDERSTAND T AND IMPACT OF THIS RELEASE.	HE CONTENTS, MEANING
THE DATES FOR WHICH THIS RELEASE IS GRANTED IS FROI 28, 2024.	M June 24, 2024 to June
PARENT'S SIGNATURE:	
PARENT'S PRINTED NAME:	
DATE:	