



THE 2025 ANNUAL JUNIOR POLICE ACADEMY

REGISTER NOW!

For students entering 6th-8th grade in September 2025

1st Session: June 30th - July 11th

2nd Session: July 14th - July 25th

3rd Session: July 28th - August 8th

LOCATED AT UNIVERSITY MIDDLE SCHOOL

8:30am-2:45pm - Free Breakfast and Lunch Provided

Cost: Offered COMPLIMENTARY this year, so join us!



SCAN ME

The Junior Police Academy consists of hands-on activities, physical training, lectures and presentations by law enforcement and first responder professionals. The objective of the JPA is to promote an environment as experienced by police recruits in which students learn the basic principles of respect, discipline, teamwork, motivation, confidence and dedication. These are life lessons that students will take far beyond their days at the Junior Police Academy.

Applicants must reside in Irvington and have successfully completed 5th grade in a public or barochial school.

"Its not how many hours you put into each day but what you put into each hour that counts!"



THE TOWNSHIP OF IRVINGTON
HELPING OUR COMMUNITY STAY SAFE





Irvington Junior Police Academy

1st Session: June 30th - July 11th located at University Middle School

2nd Session: July 14th - July 25th located at University Middle School

3rd Session: July 28th - August 8th located at University Middle School

Application Due: June 9, 2025



Irvington Junior Police Academy



Dear Parent/Guardian: Thank you for your interest in the Junior Police Academy Program being held at University Middle School. The academy hours are 8:30am – 2:45pm. As part of our application process, we request you and your child to complete and return this application and email it to irvingtonsro@gmail.com

If you have any questions regarding the application packet or the Junior Police Academy, please email Irvington Department of Public Safety at irvingtonsro@gmail.com. You can also hand deliver it to Officer D. Gunatilaka at Union Ave Middle School or Officer T. Little at University Middle School.

The application packet is due: June 9, 2025

In order to qualify for participation in the Academy, your child must meet the following requirements:

- 1. The child must be a resident of the Township of Irvington**
- 2. The child must be between the ages of 10-14 (child must be 10 by June 1st in order to qualify.**

Limited Space Available- 20 students per session



Irvington Junior Police Academy: APPLICATION



Applicant:

Name: _____
Last First Middle Initial Check One Sex: M F
 Other

Address: _____
Number / Street / City / State / Zip Code

Home Telephone # _____ E-Mail Address: _____

School: _____ Grade: _____

Date of Birth: _____ Age: **10 11 12 13 14**
Select One Please check which session you would like to sign up for
 Session 1 Session 2 Session 3

Parents:

Mother: _____
Last First Middle Initial

Address: _____
Number / Street / City / State / Zip Code

Home # _____ Cellular # _____

Email Address _____

Father: _____
Last First Middle Initial

Address: _____
Number / Street / City / State / Zip Code

Home # _____ Cellular # _____

Email Address _____

Emergency Contact Information:

Name: _____ Relationship: _____
Last First Middle Initial

Address: _____
Number / Street / City / State / Zip Code

Home # _____ Cellular # _____

Email Address _____

I hereby certify that the foregoing information is true and correct. I am fully aware that, if said information is found to be false, I will be excluded from applying for and participating in the Irvington Junior Police Academy.

 Signature of Parent/Guardian

 Signature of Applicant

 Date

 Date



**Irvington Junior Police Academy: ASSUMPTION OF RISK
INDEMNITY AGREEMENT AND COVENANT NOT TO SUE**



I, _____, have requested that the Irvington Department of Public Safety to allow my child _____ to participate in the Junior Police Academy Program. I am fully aware of the inherent risks associated with my child's participation in the Junor Police Academy. Understanding these risks, it is still my decision to allow my child to participate in the Junior Police Academy and in consideration of the Police Department of Public Safety allowing my child to participate. I assume full responsibility for such risks.

I further agree to indemnify, hold harmless, and to assume the defense of the Township of Irvington Department of Public Safety, Irvington Board of Education, The County of Essex, Essex County Sheriff's Department, Newark Police Department, New Jersey State Police, the Port Authority and American Dream Mall employees, agents, and any other unnamed agencies or individuals participating for all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charged to, or recovered from or sought to be recovered from the Township, it's officials, employees and agents as a result of my child's participation in the Junior Police Academy.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. I further understand that permission for my child to participate in the Junor Police Academy is granted subject to the rules and regulations of the Irvington Department of Public Safety as such permission may be restricted or revoked.

Signature of Parent/Guardian

Signature of Applicant

Date

Date



Irvington Junior Police Academy Program: MEDICAL QUESTIONNAIRE



1. Does your child have any medical history that may impair him/her from fully participating in the program?
Yes No If so, please explain. _____

2. Is your child currently under the care of a physician? Yes No If yes, please provide physician's name, address and telephone number. _____

3. Does your child have any allergies? Yes No If so, please list. _____

4. Has your child ever been hospitalized? Yes No If so, please explain. _____

5. Does your child have high blood pressure? Yes No _____
6. Does your child suffer from any heart problems? Yes No If so, please explain. _____

7. Has your child ever suffered from exhaustion or heatstroke? Yes No _____
8. Are there any physical disabilities that may affect your child during this program? Yes No (Please explain if your child requires special care, i.e. wheelchair ramp, hearing impaired, etc.) _____

9. Does your child have a learning disability? Yes No (We want to make this experience memorable and this knowledge will help us do that) Please explain. _____

10. If your child should become ill and require medical attention, what hospital should be used? _____

Keep in mind that all attempts will be made to contact a parent or emergency contact person before anything is done. However, should your child become hurt/injured and we are unable to contact a parent or emergency contact person, please sign here to consent to the rendering of medical treatment to your child:

I understand that the health history statement is true and that my child is able to participate in the IRVINGTON JUNIOR POLICE PROGRAM. I further grant permission for my child to participate in all physical activities to be held at the IRVINGTON JUNIOR POLICE ACADEMY.

Signature of Parent/Guardian

Signature of Applicant

Date

Date



Irvington Junior Police Academy: PARTICIPANT AGREEMENT/RELEASE



I hereby agree that the Irvington Junior Police Academy may use and/or record on film, tape or otherwise my name, likeness, image and/or voice; my on-camera interview(s) and performance and any other material provided by me (e.g., biographical material, photographs, videotapes, film prints, artwork, contact information, etc.). I acknowledge and further agree that Irvington Police Department Junior Police Academy shall exclusively own all rights (right to edit and/or alter) and the right to use said recordings to promote, publicize or market the Academy, at the complete and sole discretion of the Irvington Police Department. In addition, I also agree as follows:

1. I represent, warrant that I have the full right, power and authority to grant the rights granted herein. I am familiar with the nature of the Academy.
2. I have been informed and I fully understand that any advice given to me on or in connection with the Academy is for informational purposes only. Should I follow all or any part of such advice, I shall do so entirely at my own risk.
3. I understand and acknowledge that all travel in connection with my participation in the Academy will be at my sole responsibility, risk and expense.
4. I hereby agree to indemnify the Irvington Department of Public Safety and hold them harmless from all liability claims and actions caused during the Academy.
5. I affirmatively represent and warrant that I am mentally capable of entering into the Academy. I am not suffering from any mental or physical deficiency or affliction, and I am not taking any drugs or medication which would impair my judgment or render me unable to enter into the Academy.

I acknowledge that I have carefully read the foregoing, that I understand it, that I was given the opportunity to ask questions about it and that I knowingly consent to all of the terms therein.

Signature of Parent/Guardian

Signature of Applicant

Date

Date

