



MANALAPAN POLICE YOUTH ACADEMY 2026



Application for Enrollment



Week #1: July 27th – July 31st

Week #2: August 3rd - August 7th

******Due No Later Than June 30th, 2026******



MANALAPAN POLICE YOUTH ACADEMY 2026



Participant

Name: _____

Age: _____ D.O.B.: ____/____/____

Address: _____

Home Phone: _____ Cell Phone: _____

School Entering: _____

Grade Entering: _____

-Check One-

T-Shirt Size: (Adult) Small Medium Large X-Large

-Check One-

Week #1: July 27th – July 31st (New Cadets ONLY)

Week #2: August 3rd – August 7th (Returning Cadets ONLY)

Parent/Guardian: _____

Home Phone Number: _____

Cell Phone Number: _____

Parent(s) Address: _____

Parent E-Mail Address: _____

Relation to Participant: _____



MANALAPAN POLICE YOUTH ACADEMY 2026



Parent/Guardian Permission

I hereby give permission for participant _____ to fully participate in the Manalapan Township Police Youth Academy, all activities therein and all off-site field trips. I understand that my child must be at the Manalapan High School by 8:00am each day and will be released at approximately 4:00pm each day. I understand that I am making a commitment to have my child present for all days of the academy including graduation.

I understand that participants in the Youth Academy will participate in close-order and ceremonial drill instruction, physical exercise and physical exertion. I understand that they are subject to police academy type discipline. I understand that failure to comply with the rules and regulations (see attached) will result in my child's dismissal from the Youth Academy.

Participant Name (Print)

Participant Signature

Parent/Guardian Name (Print)

Parent/Guardian Signature

Parent/Guardian Phone #



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Medical Data Form

I hereby give permission for my child _____ to receive any medical or surgical care necessary from a physician, hospital, or emergency squad. I understand that every reasonable attempt will be made to notify me prior to treatment and I give permission for the physician or hospital to treat my child in the event I am not able to provide consent.

Medical Information:

Insurance Company Name: _____

Insurance Company Policy #: _____

Hospital Preference: _____

List Any Allergies to Participant:

Parent/Guardian Name (Print)

Parent/Guardian Signature



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Medical Clearance Form

(To be Completed by Physician)

Participant's Name: _____

Age: _____ D.O.B.: ____/____/____

Name of Physician: _____

Physician's Address: _____

Physician's Phone #: _____

Based upon a medical examination and a review of the applicant's health history, I certify that the applicant is medically fit to participate in the Manalapan Police Youth Academy. I understand that the program involves but is not limited to: running, strength training, pushups, sit ups, and pull ups, medium physical exertion and basic physical conditioning.

Check one:

_____ No Restrictions

_____ Some Restrictions: _____

Physician's Signature: _____



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Release Agreement

In consideration of the facilities and services provided by the Township of Manalapan and Freehold Regional High School District, I, for myself, my child and our heirs, personal representatives and or assigns agree as follows:

1. Participant and I, forever releases and discharges the Township of Manalapan and the Freehold Regional High School District and all of its subsidiaries, affiliates, officers, employees, servants and agents of and from any and all actions, causes of actions, claims or demands of every kind and nature whatsoever, including actions, claims or demands based upon personal or bodily injuries or property damage to the participant arising out of the Manalapan Police Youth Academy provided by the Township of Manalapan, and whether or not caused by any negligence (active or passive) shall not hold any of its subsidiaries, affiliates, officers, employees and agents liable for any injuries, actions, claims, causes of actions, which the participant or his or her heirs, executors or administrators have now or may hereafter at any time have.

2. Participant and I, and heirs, executors, and administrators, agrees to indemnify and save harmless the Township of Manalapan and the Freehold Regional High School District and all of its subsidiaries, affiliates, officers, employees and agents against all actions, causes of actions, claims, demands, judgments, executions, debts, cost of litigation and attorney fees of every kind and nature whatsoever which may in any way arise from or result from participating in the Manalapan Police Youth Academy conducted by the Township of Manalapan Police Department or any officers representing the Township of Manalapan.

Signature of Participant

Signature of Parent/Guardian



MANALAPAN POLICE YOUTH ACADEMY 2026



Rules and Regulations

1. Participants will be wearing the academy t-shirt, academy baseball cap, khaki shorts, white socks, and sneakers. During PT, participants will change into a plain white t-shirt, black gym shorts, white socks and sneakers.
2. Participants will be in formation at 0730 hours each day at the Manalapan High School. Participants must be picked up by 1600 hours.
3. Appearance:
 - a. No Jewelry (unless religious)
 - b. Clean Shaven, neat hair.
 - c. Long hair must be in pony tail
4. Participant's cell phones will be off and in their bags during the academy. If there is an emergency during the academy you can call the officers at: **732-799-4009**
5. Participants must provide their own lunch, unless otherwise noted. Refrigerator will be available.
6. Participants must attend every day of the academy including graduation.
7. An EMT will be present at all times during Physical Training. Any injuries or illness must be reported to the EMT and /or any instructor. All medication that will be taken during the academy must be reported to the EMT.
8. Participants will be respectful at all times and will address a male instructor as "sir" and female instructor as "ma'am".

******Retain This Page for Your Records******