Print Applicant's Full Name:



Toms River Police Department

255 Oak Avenue

Toms River, New Jersey 08753

Phone: 732-349-0150

Junior Police Camp

Application Packet 2020

CAMP DATES: July 20th - July 24th, 2020

Must be a Toms River Resident
Only applicants currently in grades 6th, 7th, 8th will be considered
Application Deadline is June 01, 2020

All questions should be directed to:

Junior Police Camp Supervisor Sergeant Gene Bachonski gbachonski@trpolice.org 732-349-0150 Ext. 1284

Office Use Only:	
DATE APPLICATION RECEIVED:	

Applicant Information Form
○ Rules of Conduct
Parent / Guardian Authorization
○ Written Letter (from applicant) Topic – "Why I want to attend the TRPD Junior Police Camp"

Turn in this **entire packet** with all attached paperwork including this page and the front page.

Once all of the above items have been completed, please turn in the **entire packet** as soon as possible to one of the following locations:

- Intermediate East (Officer Antommarchi)
- Intermediate North (Officer Pelka)
- Toms River Police Department Headquarters (255 Oak Avenue, Toms River)

Incomplete packets will not be accepted and will not be processed for acceptance.

The 2020 camp is limited to 50 participants. Priority will be given to those who have not participated in past camps. An alternate list will be maintained in case of cancellations.

Applicants must currently be in only the 6th, 7th or 8th grades.

All campers will be required to participate in daily running and calisthenics. It is suggested that campers maintain a moderate level of physical fitness prior to attending the camp.

The Toms River Police Department does not provide transportation to and from the camp.

Camp attendees will be selected on a LOTTERY basis.

Applicants will be notified of their application result in a timely manner via mail, email or phone. Please do not contact the Toms River Police Department to check your application status.

Applications must be received by June 01, 2020.

Applicant's home address:	Applicant Name:	Date of Birth:
Parent / Guardian Phone:	Applicant's home address:	
Current School: Current Grade: Have you previously attended TRPD Junior Police Camp? Circle: Yes / No Year: EMERGENCY CONTACTS MUST BE AVAILABLE VIA PHONE DURING CAMP HOURS Emergency Contact #1 name: Relationship: Home address: Email: Emergency Contact #1 Primary Phone Number: Emergency Contact #2 name: Relationship: Emergency Contact #2 Primary Phone Number: Emergency Contact #2 Primary Phone Number: Allergies: pes no Medications: yes no Medications: Poes the camper suffer from any of the following? Asthma Diabetes Fainting SpellsHeart issues Seizures Other Please specify any conditions which may require emergency or special care or may prevent the applicant from participating in specific activities. (Use back of page if necessary.)	Parent / Guardian Authorizing attendance	:
EMERGENCY CONTACTS MUST BE AVAILABLE VIA PHONE DURING CAMP HOURS Emergency Contact #1 name: Relationship: Home address: Email: Emergency Contact #1 Primary Phone Number: Relationship: Emergency Contact #2 name: Relationship: Emergency Contact #2 Primary Phone Number: Emergency Contact #2 Primary Phone Number: Allergies: pos the camper carry their own medication? yes no Medications: Does the camper suffer from any of the following? Asthma Diabetes Fainting Spells Heart issues Seizures Other Please specify any conditions which may require emergency or special care or may prevent the applicant from participating in specific activities. (Use back of page if necessary.)	Parent / Guardian Phone:	P/G Email:
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Emergency Contact #1 Primary Phone Number: Emergency Contact #2 name: Home address: Emergency Contact #2 Primary Phone Number: Emergency Contact #2 Primary Phone Number: Allergies: Does the camper carry their own medication? Medications: Does the camper suffer from any of the following? Asthma Diabetes Fainting Spells Heart issues Seizures Other Please specify any conditions which may require emergency or special care or may prevent the applicant from participating in specific activities. (Use back of page if necessary.)	Emergency Contact #1 name:	Relationship:
Emergency Contact #2 name:	Home address:	Email:
Home address: Email: Emergency Contact #2 Primary Phone Number: Allergies: Does the camper carry their own medication? yes no Medications: Does the camper suffer from any of the following? Asthma Diabetes Fainting Spells Heart issues Seizures Other Please specify any conditions which may require emergency or special care or may prevent the applicant from participating in specific activities. (Use back of page if necessary.)	- -	
Emergency Contact #2 Primary Phone Number:	Emergency Contact #2 name:	Relationship:
Allergies: pes no Medications: pes no Medications: Does the camper suffer from any of the following? Asthma Diabetes Fainting Spells Heart issues Seizures Other Please specify any conditions which may require emergency or special care or may prevent the applicant from participating in specific activities. (Use back of page if necessary.)	Home address:	Email:
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Medications:	Allergies:	
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applicant from participating in specific activities. (Use back of page if necessary.)	Asthma Diabetes Fainting Spells	Heart issues Seizures Other
Camp T-shirt Size: (ADULT SIZES)		
	Camp T-shirt Size	e: (ADULT SIZES)

T-Shirt (CIRCLE ONE): Small Medium Large X-Large



- 1. Treat everyone with respect
- 2. No weapons of any kind
- 3. All electronic devices must be left at home. No exceptions!
- 4. Horseplay or rough-housing will not be tolerated
- 5. No vulgar or profane language
- 6. Camp uniform must be worn
- 7. Follow all directions given by camp personnel
- 8. No chewing gum or sodas
- 9. Attendees must participate in all camp activities, including physical fitness activities
- 10. Safety comes first
- 11. Wearing jewelry or expensive watches is prohibited
- 12. Athletic shoes must be worn (We run every day!)
- 13. No open toed shoes or sandals
- 14. No cut off or extra baggy shorts
- 15. We expect 100% attendance! Absences MUST be cleared through the Police instructors in advance or the camper risks being dropped from the program.

Violation of any of these rules may result in the camper being sent home, being asked not to return to camp the following day or dropped from the program.

*Camp issued equipment remains the property of the Toms River Police Department until the camper has successfully completed the course.

Campers are asked to abide by these rules and the basic rules of conduct set by the Toms River Public Schools.

Applicant Signature:	
Parent / Guardian Signature:	
Date:	

The Toms River Junior Police Camp hours will be 8:30 AM – 3:00 PM; Monday – Friday.

Campers will be dropped off promptly at 8:30 AM. Further details regarding this process will be provided during the parent orientation meeting. Failure to arrive on time and/or forgetting issued equipment may result in numerous pushups.

Graduation will take place on July 24th beginning at 5:00 PM.

More graduation details to follow.

I hereby certify that the information provided in this application is correct and complete. I understand that falsification of any information may result in dismissal of my child from this program. I further agree that, if selected, my child will attend each day of this Police Camp, including the closing ceremony (graduation). I also understand that I will be required to submit written authorization from a physician at my expense and of my choosing certifying that my child is physically able to participate in the Toms River Junior Police Camp.

If my child is accepted, I understand that I must attend a MANDATORY pre-camp meeting where important camp instructions and procedures will be discussed.

Applicant's name:	
Parent / Guardian's name:	
Parent / Guardian signature:	
Date:	

ic – Why I want to	attend the TRPD Junior Police Camp.

Applicant may use back of this form if needed or type and attach their letter to this application.