Application Packet Cover Sheet



	Last Name, First Name, MI		
	Required Documents Checklist	~	Official Use Only
S.P. 894	TYW Application		
S.P. 894A	Medical/Insurance/Emergency Information		
	Photocopy of Medical Insurance Card (front/back)		
S.P. 894B	Physician Medical Approval Form		
S.P. 479	Consent for Photograph & Audio/Visual Release		

Return this form and all required documents no later than May 28th, 2024 to:

Leadership Essay (500 word minimum)

Division of State Police Outreach Unit Attn: Trooper Youth Coordinator P.O. Box 7068, Bldg. #4, West Trenton, NJ 08628-0068

Or scan (PDF format ONLY) and email to:

Name:

TrooperYouth@njsp.gov

1. Applicant Information - to be completed by Student Name (Last, First, MI) Gender Date of Birth Email Address Address (Number & Street, City, State, ZIP Code) T-Shirt O S O L O XXL County Telephone M (XL (Other Race or Ethnic Group (Completion of this question Hispanic or Latino African American/Black (Not Hispanic/Latino) Native Amer./Alaskan Native (Not Hispanic/Latino) 2 or more races (Not Hispanic/Latino) is voluntary. The requested information will be kept White (Not Hispanic/Latino) Asian (Not Hispanic/Latino) Native Hawaiian/Other Pacific Islander (Not Hispanic/Latino) confidential and used for statistical purposes.) Parent/Guardian Name Parent/Guardian Home Telephone Parent/Guardian Work Telephone Parent/Guardian Cell Phone (24 Hr. Emergency) Parent/Guardian Address if different from above (Number & Street, City, State, ZIP Code) Parent/Guardian County Parent/Guardian Email Address **2. Essay** - to be completed by **Student** The applicant shall submit an essay describing leadership traits they consider important and how these attributes relate to the law enforcement profession. The essay may meet or exceed 500 words but shall not be less than the 500 word minimum. Failure to submit the required essay may result in non-selection. 3. School Certification - to be completed by High School Guidance Counselor Name of High School Address (Number & Street, City, State, ZIP Code) Telephone I hereby certify the Applicant is in good academic standing and the Applicant will in all likelihood successfully complete their junior year in high school. Additionally, sophomores who are currently 17 years of age may also be eligible. The Applicant must not have reached their 18th birthday prior to the graduation date of their Trooper Youth Week class. Name of Guidance Counselor Guidance Counselor Sianature Date 4. Reference Applicant is Recommended by Relationship to Applicant Telephone NJSP/Law Enforcement High School Principal Religious Leader Guidance Counselor Community Representative Other: I hereby certify that the Applicant named above is honest, of good reputation, and sound moral character. Reference Signature 5. Week - to be completed by the Parent/Guardian July 22nd-July 26th, 2024 and July 29th-August 2nd, 2024 – You will be notified as to your acceptance in the program as decisions are finalized. 6. Waiver & Release - to be completed by the Applicant AND the Parent/Guardian In consideration of the New Jersey State Police (NJSP) allowing me to participate in the Trooper Youth Week program at the NJSP Academy, I, the undersigned, for myself, my heirs, executors, administrators and assigns, hereby waive and release any and all claims for damages or loss to my person and/or property that may be caused by any act, or failure to act, of the NJSP, its officers, agents, employees or recruits. I assume the risk of any and all dangerous conditions in and about the training area and Academy property and waive any and all specific notice of the existence of such conditions. My participation in the Trooper Youth Week program is purely voluntary and done at my own risk. I expressly acknowledge that there is some risk in participating in law enforcement training exercises. Knowing that some risk exists, I nevertheless voluntarily assume all risks of loss, damage or injury that may be sustained while participating in these exercises, even though they may arise out of the negligence of the persons entities listed above. I agree to accept and abide by the Trooper Youth Week Rules & Regulations as established by the NJSP and to obey the directions of the designated training officers. Failure to do so SHALL result in my removal from the Trooper Youth Week program. I have read and understand the contents of this WAIVER & RELEASE as well as the TROOPER YOUTH WEEK RULES & REGULATIONS and I am signing voluntarily. THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED. Candidate Signature Date Parent/Guardian Signature Date Return this form no later than **May 28, 2024** to: Division of State Police, Outreach Unit Attn: Trooper Youth Coordinator P.O. Box 7068, Bldg. #4, West Trenton, NJ 08628-0068

or scan (PDF format ONLY) and email to: TrooperYouth@njsp.gov

To be completed by Parent/Guardian. Mark N/A when information is not applicable. Attach additional information as necessary.

	-		Last Name,	First Name, MI	-	Dat	e of Birth	
Expl	lain any existing med	dical condition	s/allergies	s/nutritional requi	irements th	e Trooper	Youth Applicar	nt may have:
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2.				4.				
l ist :	any medications (ove			intion ex.: Tylend	ol. Motrin. I	Benadryl.	<i>etc.</i>) to be taker	during the week
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Side Ef	ffects			Prescribing Physic	cian		Physician Telepho	ne
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Dear	1 11	y OI	oıa	11.

The following i	individual	has	submitted	an	application	to	participate	in the	e New	Jersey	State	Police	(NJSP)	Trooper	Youth
Week Program	n.														

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lame:
Address:
As part of the Trooper Youth Week Program, the NJSP requires each applicant to undergo a medical examination by censed physician. Trooper Youth Applicants should be in good physical health and able to participate in physical fitness ac vities (marching, running on all surfaces [blacktop, grass, sand]), calisthenics and organized athletic sports. Trooper Yout Veek is a residential program. Applicants receive room and board at the NJSP Academy in Sea Girt, NJ.
Physician's Statement (Please check one box)
☐ I have examined the above named applicant and find he/she can safely perform in the program.
☐ I have examined the above named applicant and find he/she cannot safely perform in the program.
▼ Examination shall be consistent with the 2014 14-Element AHA/ACC Recommendations.
▼ Examination date MAY NOT be greater than one year old from the last day the applicant attends the Trooper Youth Week Program.
Physician's Signature Date
Please Type or Print:
Physician's Name:
Address:
Affix Physician's Office Stamp: (Must be M.D. or D.O.; Physician Assistant or Nurse Practitioner is NOT acceptable.)
The 14-Element, American Heart Association/American College of Cardiology Recommendations for Preparticipation Cardiovascular Screening of Competitive Athletes:
(Personal history) 1. Exertional chest pain/discomfort 2. Unexplained syncope/near-syncope† 3. Excessive exertional and unexplained dyspnea/fatigue, associated with exercise 4. Prior recognition of a heart murmur 5. Elevated systemic blood pressure (Family history)

- 6. Premature death (sudden and unexpected, or otherwise) before age 50 years due to heart disease, in one or more relatives
- 7. Disability from heart disease in a close relative under 50 years of age
- 8. Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically important arrhythmias

(Physical examination)

- 9. Heart murmur‡
- 10. Femoral pulses to exclude aortic coarctation
- 11. Physical stigmata of Marfan syndrome
- 12. Brachial artery blood pressure (sitting position) §
- 13. If individual has been restricted from participation in sports in the past
- 14. If individual has had prior testing for the heart, ordered by a health care provider

†Judged not to be neurocardiogenic (vasovagal); of particular concern when related to exertion.

Auscultation should be performed in both supine and standing positions (or with Valsalva maneuver), specifically to identify murmurs of dynamic left ventricular outflow tract obstruction. §Preferably taken in both arms.

Please list any relevant restrictions or limitations if any:

^{*}Parental verification is recommended for high school and middle school athletes.

Consent for Photograph & Audio/Visual Release Form

electro NJSP	onic means, activities in which you (the Programs:	ests your permission to reproduce through place participant) or your child has engaged in for ogram, NJSP Explorer Post, Other	3							
		photographs and/or video footage taken durin mass media, displays, brochures, websites, e								
•	I, as a parent or guardian of the below-named youth, or as an adult participant, fully authorize and grant the NJSP and its authorized representatives the right to print, photograph, record, and edit as desired, the name, image, likeness, and/or voice of myself or the below-named youth on audio, video, film, slide, or any other electronic and printed format currently developed for the purpose stated or related to the above.									
•	I understand and agree that the use me personally, the youth, or the you	of such photographs and video will be with ath's parent/guardian.	out any compensation to							
•	I understand all photos and/or vide without specific notification.	eos will be property of the NJSP. Photos and	d/or videos may be used							
•	I understand and agree that the NJSP and/or its authorized representatives shall have the exclusive right, title, and interest, including copyrights, of such photographs and video recordings.									
•	I understand and agree that the NJSP and/or its authorized representatives shall have the unlimited right to use the photographs or videos for any purpose stated or related to the above.									
•	damages, costs, or expenses, incl	the NJSP and its authorized representatives luding attorney's fees, brought by myself rise out of, any use of these photographs ar	, the youth, and/or the							
	read and understand the contents of g voluntarily.	this Consent for Photograph & Audio/Visua	l Release Form and I am							
Particip	pant – Print Name	Participant Signature	Date							
	Guardian – Print Name red if participant is under 18 years old.)	Parent/Guardian Signature	Date							