

# PASSAIC COUNTY SHERIFF'S OFFICE

Sheriff Thomas Adamo

## JUNIOR CADET ACADEMY

### INTRODUCTION



Dear Parent/Guardian,

I would like to thank you for your interest in the PCSO's Junior Cadet Academy. Please fill out all of the attached paperwork and return it to the below address **A.S.A.P.**

*Passaic County Sheriff's Office  
C/O Community Policing  
435 Hamburg Turnpike  
Wayne, NJ 07470*

**OR EMAIL YOUR APPLICATION TO: [KBURGOS@PCSHERIFF.ORG](mailto:KBURGOS@PCSHERIFF.ORG)**

**This does not automatically mean that your child is accepted or enrolled into the program.** Your child's acceptance to the Academy depends on the following:

- Essay Submittal
- The return of your physical eligibility form (Please note the Junior Cadet Academy will include heavy strenuous activity such as push-ups, running, calisthenics, etc.)
- Age requirement (15-17)
- Passaic County Resident
- Space Availability

Your application is subject for review by the Junior Cadet Academy Staff.

*For questions or more information please call 973-389-5900 ext. 2368*

**Upon successful completion of the above steps you will receive a letter of decision via e-mail.**

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### INFORMATION SHEET



Please print legibly and mail back as soon as possible to:

Passaic County Sheriff's Office

c/o Community Policing

435 Hamburg Turnpike

Wayne, NJ 07470

Name: \_\_\_\_\_

First

Last

Address: \_\_\_\_\_

City: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  male  female

Guardian(s)/Parent(s) Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone#: \_\_\_\_\_

Relationship to Cadet: \_\_\_\_\_

Clothing Size (circle one) Small Medium Large

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## JUNIOR CADET ACADEMY

### Children Identification Form



#### Personal Identification Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Emergency Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Relation: \_\_\_\_\_

**I understand that my child will receive a personal picture identification card with the above information. I also understand that all information will be kept confidential.**

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## JUNIOR CADET ACADEMY

### MEDICAL & PHYSICAL WAIVER



Cadet's Name: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

#### Medical Information:

Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Blood Type: \_\_\_\_\_

I understand that this information is given voluntarily and is a part of my child's health record, maintained by the Passaic County Police Academy. I also understand that this information will be kept confidential.

***The Junior Cadet Academy will include heavy strenuous activity. Due to the daily physical activity level it is imperative that the child be in good physical health.***

**For Example: Running**

**Push-Ups**

**Calisthenics**

**Etc.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The above Cadet is in good physical condition to participate in the physical training aspect at the Passaic County Junior Cadet Academy.

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## JUNIOR CADET ACADEMY

### MEDIA WAIVER



I \_\_\_\_\_, upon signing this application I am giving The Passaic County Sheriff's Office, together with the Passaic County Police Academy authorization to interview and take pictures of my child during this program for the media and publications. I am also a resident of Passaic County

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



