



**NEW JERSEY STATE POLICE**

**Trooper Youth Week Nomination Form**

(PLEASE PRINT ALL INFORMATION)

**Nominee Information**

NAME <i>Last</i>		<i>First</i>		<i>MI</i>	SEX	AGE	DATE OF BIRTH / /
ADDRESS <i>Street</i>		<i>City</i>		<i>State</i>		<i>Zip Code</i>	
COUNTY		HOME TELEPHONE NUMBER ( ) -		ALTERNATE TELEPHONE NUMBER ( ) -			
Have you applied to any other youth camps for this summer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, how many? _____</i>				T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> Other _____			

**To be completed by Nominee's High School Guidance Counselor:**

NAME OF HIGH SCHOOL	TELEPHONE NUMBER ( ) -
ADDRESS <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i>

*I hereby certify that the Nominee named above is of good reputation and sound moral character. The Nominee is in good academic standing and the Nominee 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 Nominee must not have reached their 18th birthday prior to the graduation date of their Trooper Youth Week class.*

\_\_\_\_\_  
*Name of Guidance Counselor*

\_\_\_\_\_  
*Signature of Guidance Counselor*

\_\_\_\_\_  
*Date*

**Referral Information (To be completed by the Nominator)**

NOMINEE IS RECOMMENDED BY	RELATIONSHIP TO NOMINEE	TELEPHONE NUMBER ( ) -
<input type="checkbox"/> NJSP	<input type="checkbox"/> Other Law Enforcement	<input type="checkbox"/> High School Principal
<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> A Community Representative	<input type="checkbox"/> Religious Leader

**Available Weeks**

\_\_\_\_ JULY 16 - 20, 2012      \_\_\_\_ JULY 23 - 27, 2012      \_\_\_\_ JULY 30 - AUGUST 3, 2012

In the event you are selected, please be aware that no nominee is guaranteed their week of choice. Place the number 1, 2, and 3 on the lines above for your preferred week of attendance. Should any of the weeks not be feasible due to academics, work, athletics, etc., please provide a detailed explanation on the back of this form.

*You will be notified as to your acceptance in the program as decisions are finalized.*

**Return this form no later than March 22, 2012 to:**  
Division of State Police, Professional Development Unit  
Attn: SFC Dawn Heltzman, Trooper Youth Coordinator  
P.O. Box 7068, Building #1  
West Trenton, NJ 08628-0068



# NEW JERSEY STATE POLICE Trooper Youth Week - Medical/Emergency Information

(To be completed by parent/guardian. Place N/A when information is not applicable. Print all information)

\_\_\_\_\_  
(Last Name, First Name of Trooper Youth)

**A. Explain any existing medical conditions the Trooper Youth candidate may have:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**B. List any medications (both over-the-counter and prescription) to be taken during the week.**

MEDICATION:	DOSAGE:	CONDITION PRESCRIBED FOR:	
SIDE EFFECTS:	PRESCRIBING PHYSICIAN:	PHYSICIAN'S TELEPHONE:	
MEDICATION:	DOSAGE:	CONDITION PRESCRIBED FOR:	
SIDE EFFECTS:	PRESCRIBING PHYSICIAN:	PHYSICIAN'S TELEPHONE:	

*\* add additional information on the back of this form if necessary.*

**C. List/explain any allergies or nutritional requirements.**

1. \_\_\_\_\_
2. \_\_\_\_\_

Prior to Trooper Youth's arrival, all medications are to be labeled and stored in their original container or prescription container, as applicable, and in accordance with manufacturer instructions.

The Trooper Youth will provide **five full days' supply of medication only**.

**FAILURE TO COMPLY WITH THIS WILL PREVENT THE CANDIDATE FROM PARTICIPATING IN THE TROOPER YOUTH PROGRAM.**

In Case of Emergency, contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ 24 Hour Phone #: ( ) \_\_\_\_\_

***I, the Parent/Guardian, grant the New Jersey State Police Academy Staff permission to seek/provide medical attention in case of emergency, should I not be able to be contacted.***

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Telephone Number

\_\_\_\_\_  
Parent/Guardian Print Name

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



# NEW JERSEY STATE POLICE Trooper Youth Week - Medical Insurance Information

## TROOPER YOUTH

Print Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## HEALTHCARE INFORMATION

Insurance Co. Name: \_\_\_\_\_ Insurance Co. Telephone: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

Policy Holder Address: \_\_\_\_\_

Policy Holder Telephone: \_\_\_\_\_ Relationship to Trooper Youth: \_\_\_\_\_

\*\*\*\*A PHOTOCOPY OF YOUR MEDICAL INSURANCE CARD (FRONT/BACK) SHOULD ALSO BE ATTACHED TO THIS FORM



NEW JERSEY STATE POLICE

# Trooper Youth Week - Medical Certificate

Dear Physician:

The following individual has submitted an application to participate in the New Jersey State Police Trooper Youth Week Program.

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

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

As part of the Trooper Youth Week Program, the New Jersey State Police requires each nominee to undergo a medical examination by a licensed physician. Trooper Youth Candidates should be in good physical health and able to participate in physical fitness activities (marching, running on all surfaces [blacktop, grass, sand]), calisthenics and organized athletic sports. Trooper Youth Week is a residential program. Candidates 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 candidate and find he/she can safely perform in the program.
- I have examined the above named candidate and find he/she cannot safely perform in the program.

▼ Examination shall be consistent with the 2007 12-Element AHA Recommendations.

▼ Examination date MAY NOT be greater than one year old from the last day the student attends the Trooper Youth Week Program.

Please Type or Print:

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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 12-Element AHA Recommendations for Preparticipation Cardiovascular Screening of Competitive Athletes**

Medical history\*

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 >1 relative
7. Disability from heart disease in a close relative <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)§

\*Parental verification is recommended for high school and middle school athletes.

†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



# NEW JERSEY STATE POLICE

## Trooper Youth Week - Waiver and Release

In consideration of the New Jersey Division of State Police 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 New Jersey Division of State Police, 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 or entities listed above. I agree to accept and abide by the rules and regulations as established by the New Jersey Division of State Police and to obey the directions of the designated training officers.

I have read and understand the contents of this WAIVER AND RELEASE and I am signing voluntarily.

**THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED.**

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Participant Print Name

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Participant Signature

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Parent/Guardian Print Name

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Parent/Guardian Signature



**NEW JERSEY STATE POLICE • TROOPER YOUTH WEEK**

**Parental/Guardian Consent for  
Photograph & Audio-Visual Release Form**

The New Jersey State Police requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your child has participated in the New Jersey State Police Trooper Youth Program. Your authorization will enable us to use the photographs and video footage taken during the Trooper Youth Week program to promote the program through the use of mass media, displays, brochures, websites, etc.

- I, as a parent or guardian of the below-named Trooper Youth, fully authorize and grant the New Jersey State Police and its authorized representatives the right to print, photograph, record, and edit as desired, the name, image, likeness, and/or voice of the below-named Trooper 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 of such photographs and video will be without any compensation to the Trooper Youth or the Trooper Youth's parent or guardian.
- I understand all photos/videos will be property of the New Jersey State Police. Photos/Videos may be used without specific notification.
- I understand and agree that the New Jersey State Police 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 New Jersey State Police 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.
- I hereby release and hold harmless the New Jersey State Police and its authorized representatives from all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the Trooper Youth and/or parent or guardian which relate to or rise out of any use of these photographs or videos as specified above.
- The New Jersey State Police will not release any personally identifiable information without prior consent of the Trooper Youth's parent or guardian.

*I have read and understand the contents of this Parental/Guardian Consent for Photograph & Audio-Visual Release Form and I am signing voluntarily.*

\_\_\_\_\_  
Participant - Print Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian - Print Name

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

\_\_\_\_\_  
Date