

Application Packet Cover Sheet



Name: _____
Last Name, First Name, MI

Required Documents Checklist

Official
Use
Only 

S.P. 894	TYW Application	<input type="checkbox"/>	
S.P. 894A	Medical/Insurance/Emergency Information	<input type="checkbox"/>	
	Photocopy of Medical Insurance Card (front/back)	<input type="checkbox"/>	
S.P. 894B	Physician Medical Approval Form	<input type="checkbox"/>	
S.P. 479	Consent for Photograph & Audio/Visual Release	<input type="checkbox"/>	
	Leadership Essay (500 word minimum)	<input type="checkbox"/>	

Return this form and all required documents no later than **May 28th, 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



NEW JERSEY STATE POLICE

Trooper Youth Week — Medical/Insurance/Emergency Information

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

Trooper Youth Applicant: _____
Last Name, First Name, MI Date of Birth

A. Explain any existing medical conditions/allergies/nutritional requirements the Trooper Youth Applicant may have:

1. _____
2. _____
3. _____
4. _____

B. List any medications (over-the-counter and prescription, ex.: Tylenol, Motrin, Benadryl, etc.) to be taken during the week:

Medication	Dosage	Condition prescribed for	
Side Effects	Prescribing Physician	Physician Telephone	
Medication	Dosage	Condition prescribed for	
Side Effects	Prescribing Physician	Physician Telephone	
Medication	Dosage	Condition prescribed for	
Side Effects	Prescribing Physician	Physician Telephone	

The Trooper Youth will bring *four full days' supply of medication only.*

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.

FAILURE TO COMPLY WILL PREVENT THE STUDENT FROM PARTICIPATING IN THE TROOPER YOUTH WEEK PROGRAM.

C. Emergency Contact Information:

1.	Name	Relationship	24 Hour Telephone
2.	Name	Relationship	24 Hour Telephone

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

Parent/Guardian Name	Parent/Guardian Signature	Physician Name	Physician Telephone
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D. Health Insurance Information:

NOTE: A PHOTOCOPY OF YOUR MEDICAL INSURANCE CARD (Front & Back) MUST BE ATTACHED TO THIS FORM.

Insurance Company	Name	Address	Telephone
Policy Number	Group Number	Policy Holder Name	
Policy Holder	Address	Telephone	Policy Holder Date of Birth Relationship to Trooper Youth

Trooper Youth Applicant has no health insurance. If insurance coverage is NOT available for the participant, please complete the section below:

The Trooper Youth Applicant named above is not covered by health insurance. As a condition of participation, I hereby acknowledge that as the parent or legal guardian, that I shall bear and be liable for any and all medical, hospital, or related costs, damages, losses, and expenses incurred due to any injuries or illness that he or she may suffer during their participation in the Trooper Youth Week Program. I further acknowledge and agree that both the New Jersey State Police and the State of New Jersey will have no financial responsibility for any of the costs or expenses outlined above.

Parent/Guardian Name Signature of Parent/Guardian Date



NEW JERSEY STATE POLICE

Trooper Youth Week - Physician Medical Approval Form

Dear Physician:

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

Name: _____

Address: _____

As part of the Trooper Youth Week Program, the NJSP requires each applicant to undergo a medical examination by a licensed physician. Trooper Youth Applicants 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. 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

*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

Consent for Photograph & Audio/Visual Release Form

The New Jersey State Police (NJSP) requests your permission to reproduce through printed, audio, visual, or electronic means, activities in which you (the participant) or your child has engaged in for the following respective NJSP Programs:

Trooper Youth Week, Internship Program, NJSP Explorer Post, Other _____

Your authorization will enable us to use the photographs and/or video footage taken during the respective 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 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 of such photographs and video will be without any compensation to me personally, the youth, or the youth's parent/guardian.
- I understand all photos and/or videos will be property of the NJSP. Photos and/or videos may be used without specific notification.
- 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.
- I hereby release and hold harmless the NJSP and its authorized representatives from all actions, claims, damages, costs, or expenses, including attorney's fees, brought by myself, the youth, and/or the parent/guardian which relate to, or rise out of, any use of these photographs and/or videos as specified above.

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

Participant – Print Name

Participant Signature

Date

Parent/Guardian – Print Name

(Required if participant is under 18 years old.)

Parent/Guardian Signature

Date