



PORT JERVIS CITY POLICE DEPARTMENT

Serving with Courage, Vision and Integrity Since 1853

20 Hammond Street
Port Jervis, New York 12771

T: 845-856-5101

F: 845-858-4078

E: pjpolice@citlink.net

www.portjervispolice.com

WILLIAM J. WORDEN
Chief of Police

JOHN FITZPATRICK
Lieutenant

WILLIAM VANINWEGEN
Lieutenant

JUNIOR POLICE ACADEMY City of Port Jervis Police Department Juvenile Aid Division (845)858-4073 6th, 7th, 8th Grades

The City of Port Jervis Police Department will be hosting our 5th Junior Police Academy from August 7th, 2023, through August 11th, 2023. The location of the academy will be operated at the Port Jervis High School Campus located at 10 US-209 Port Jervis, NY. Enrollment for the academy will be restricted to 30 recruits and will be selected by the Port Jervis Police Department Juvenile Aid Bureau. The graduation ceremony will be held at Port Jervis High School auditorium at 3:30PM on August 11th.

Applications will be available beginning on May 15th, 2023. The application may be picked up at the City of Port Jervis Police Department, the Port Jervis City Recreation office, Hamilton Bicentennial Elementary, Anna S. Kuhl School, Port Jervis Middle School, or you can download it from the City of Port Jervis Police Department's website. Applications will be turned into the City of Port Jervis Police Department no later than June 30th, 2023. All returned applications and attached waivers/releases must be filled out completely as instructed or may be subject to disqualification. **No application will be accepted after June 30th, 2023.** There will be a selection process based on information contained in the application. Applicants will be notified via phone by July 7th, 2023, for acceptance into the program.

Our objective is a week of education and fun through a Police Academy format. The week will include various presentations, hands on practices and physical training to give each recruit an idea of what is involved in being a police officer and a leader in their community. Presentations will include crime scene procedures, K-9 capabilities, crime prevention, police officer responsibility at fire scenes, community policing and collaboration, narcotics safety, reporting and much more!

All events are supervised with several community service projects planned outside of the academy. A park cleanup day and a river rafting trip with the National Park Service to promote teamwork and enjoyment of our beautiful natural surroundings and to teach water safety. The river rafting trip is scheduled for Monday August 14th with no rain date. We will also be hosting a Youth Academy Firearms and Safety Day at our range.

The schedule is from 8:00 a.m. until 3:00 pm daily. The recruits are to be dropped off no later than 7:50 am each day. Transportation to and from the academy is the responsibility of the recruit's parent/guardian. Recruits are **required** to attend the entire session and to participate in the culmination ceremony to receive a certificate of completion at the conclusion of the academy. Please be prompt when dropping off and picking up your children and please ensure to label all items that they bring to the academy. Recruits are required to bring their own labeled water bottle and must wear sneakers to the academy. Lunch will be provided to all recruits.

We are hopeful the interaction that takes place between your child and the members of our department and community will have a positive effect on all involved. As police officers, we thoroughly enjoy participating in the program and look forward to working with your children.



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*JUNIOR POLICE ACADEMY
City of Port Jervis Police Department
Juvenile Aid Division
(845) 858-4073*

CODE OF CONDUCT

1. Recruits will refrain from physical and verbal violence toward other recruits and academy staff.
2. Recruits will act in a professional manner at all times and follow directions from academy staff.
3. Recruits will wear the provided academy tee shirt and sneakers for class each day.
4. Recruits will follow all rules and regulations as directed by academy staff.
5. Recruits will refrain from bullying, teasing, or harassing other recruits.
6. Recruits will arrive promptly each morning of the academy.
7. Recruits will not be allowed to bring cell phones, iPods, MP3 players, video games, or other electronic gaming or music devices to the academy.
8. Recruits will not be allowed to take pictures of other recruits or academy staff during the academy.
9. Any illness or injury suffered by the recruit should immediately be brought to the attention of academy staff.
10. Any act or threat of physical violence towards another recruit or staff member will result in the recruit's immediate removal from the program.
11. ***Recruits who violate any of the Academy Rules will be expelled from the program.***

Parent/Guardian to Complete

I _____ have reviewed the Code of Conduct with my child and he/she understands and agrees to abide by the rules outlined above. It is understood that any violation of these rules will result in removal from the program. I understand that **NO refund will be provided after the equipment and supplies for the Academy have been ordered.** I also understand that **NO refund if applicable** will be provided if my child is expelled from the program for a violation of the academy Code of Conduct or if my child quits the program.

Parent/Guardian: _____

Signature: _____ Date: _____



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JUNIOR POLICE ACADEMY City of Port Jervis Police Department Juvenile Aid Division (845) 858-4073

The undersigned parent/guardian, understanding all activities and requirements, requests the opportunity and privilege of having my child participate in the City of Port Jervis Police Department Junior Police Academy. The undersigned agrees to have their child obey any and all directives or orders of any member of the City of Port Jervis while he/she is engaged in any and all activities relating to the Junior Police Academy.

I further acknowledge that the privilege of participating in this program may be rescinded at any time during the course of the Junior Police Academy as a result of improper behavior or other factors that may be detrimental to the safety or well-being of any other participants or instructors, and the decision to rescind this privilege is in the sole and absolute discretion of the police officers involved.

Furthermore, I have received and reviewed the Code of Conduct page of this application with my child and agree to abide by those instructions and rules.

The undersigned understands that the Junior Police Academy generates interest from news media, both print, Internet and television, and authorizes the release of my child's image for use in any news or media story relating to the Junior Police Academy. I also authorize the release of my child's image and/or name for use in any and all presentations or other media to be used for or by the City of Port Jervis.

Parent/Guardian: _____

Signature: _____ Date: _____



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PORT JERVIS POLICE DEPARTMENT JUNIOR ACADEMY

Dear Junior Police Academy Participant,

Please return the "**Medical Information**" form at the bottom of this notice when you turn in your completed Junior Police Academy application. **REGISTRATION APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A COMPLETED MEDICAL FORM.** A new Medical Form must be filled out each year. The Junior Police Academy begins at **8:00 a.m.** and ends at **3:00 p.m.** Please make necessary arrangements to depart at **3:00 p.m.** Although we hope to have no use for it, secondary accident insurance is provided.

PLEASE RETURN with CAMP APPLICATION TO: Port Jervis City Police Department – Juvenile Aid Bureau 20 Hammond Street, Port Jervis, New York 12771.

MEDICAL INFORMATION

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ ZIP _____

PHONE # (HOME) _____ (WORK) _____ (CELL) _____

Current Confidential Medical History – Please write just the **MOST RECENT DATES** on the lines below.

PLEASE provide a valid copy of your child's **Birth Certificate**.

IMMUNIZATION AGAINST	DATE IMMUNIZED	IMMUNIZATION AGAINST	DATE IMMUNIZED
Varicella (CHICKEN POX)		Measles/Mumps/Rubella MMR	
Haemophilus Influenza Type B		Poliomyelitis (OPV)	
Diphtheria/Tetanus (DTP)		Hepatitis B	

OTHER MEDICAL INFORMATION, RESTRICTIONS, MEDICATIONS (ALLERGIES, BEE STINGS, ASTHMA, ETC.)

NAME, ADDRESS & PHONE NUMBER OF RESPONSIBLE PERSON TO CONTACT IN CASE OF EMERGENCY

1. _____

2. _____

PARENT or GUARDIAN'S CERTIFICATION: I certify that the applicant named above is in good health and has my permission to participate in the **2019 PORT JERVIS POLICE DEPARTMENT JUNIOR POLICE ACADEMY** & be transported by City of Port Jervis vehicle and buses, and Quality Bus Services to program locations as needed.

Signed: _____ Dated: _____

Parent/Guardian

[illegible]



Silver Canoe & WHITEWATER RAFTING

SILVER CANOE & WHITEWATER RAFTING NY INC VISITORS'S ACKNOWLEDGEMENT OF RISK

In consideration of the services of Silver Canoe & Whitewater Rafting NY INC their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "Silver Canoe & Whitewater Rafting NY INC") I agree as follows.

Although Silver Canoe & Whitewater Rafting NY INC has taken reasonable steps to provide me appropriate equipment so I can enjoy an activity for which I may not be skilled, Silver Canoe & Whitewater Rafting NY INC has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Silver Canoe & Whitewater Rafting NY INC does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all of the risks.

ACKNOWLEDGMENT OF RISKS: I realize that changing water flow or currents, submerged and semi-submerged, objects, varying wind and weather conditions, the presence of other watercraft, the speed at which I travel, the stability characteristics of a watercraft, and certain foreseen and unforeseen events or hazards can contribute to the unpredictability of the activity, that certain risks associated with this activity including but not limited to collision, upset, overturn and sinking can result in getting wet, injured, exposed to the elements, drowned, and personal property damaged or lost: that for swimmers and non swimmers, wearing a U.S. Coast Guard Approved flotation device is a basic safety precaution; that I may suffer accidents or illness in remote places where there are no available medical facilities; and that I should ask about other potential hazards and recommended precautions and procedures. I also realize that participation in an activity can result in personal injury, accidents or illness, including but not limited to insect bites, sprains, broken bones, hypothermia, paralysis, dismemberment, or death.

I am aware that canoeing, kayaking, whitewater rafting, and tubing entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of Silver Canoe & Whitewater Rafting NY INC has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I agree to allow any photographs or video taken of me while engaged in any activity provided by Silver Canoe & Whitewater Rafting NY INC to be used in any print media, commercials, or any commercial publicity whatsoever without compensation.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

Signature

Date

Signature of Parent or Guardian, if participant is under 18 years of age.

Signature

Date



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MUST FILL OUT TO BE VALID

WAIVER OF LIABILITY; INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT BY SIGNING THIS AGREEMENT YOU GIVE UP YOUR RIGHT TO BRING A COURT ACTION TO RECOVERY COMPENSATION OR OBTAIN ANY OTHER REMEDY FOR INJURIES TO YOURSELF, OR YOUR PARTNERS, LLC PORT JERVIS POLICE DEPARTMENT OR THE CITY OF PORT JERVIS, NOW OR ANY TIME IN THE FUTURE

I, the undersigned user, hereby acknowledge and agree that target shooting, the use of firearms and the use of the **PORT JERVIS CITY OWNED FIREARMS RANGE** may be dangerous and may involve the risk of serious bodily injury. I have full knowledge of the nature and extent of all the risks associated with the use of the **PORT JERVIS CITY OWNED FIREARMS RANGE**, including, but not limited to: (1) all manner of injury, including, but not limited to death and/or paralysis, arising from target shooting, the use of firearms or their discharge; (2) loss of hearing, burns, blindness, or other injury; (3) injuries resulting from explosions, contact with projectiles and hardware; and (4) failure or misuse of any equipment, whether owned and maintained by the **City of Port Jervis** or otherwise. I have been encouraged to use vision and hearing protection at all times when present on the facilities of the **PORT JERVIS CITY OWNED FIREARMS RANGE**. If I choose not to use such protection, I agree to assume the additional risk associated with lack of their use. I acknowledge that the above list is not inclusive of all the possible risks associated with my use of the **PORT JERVIS CITY OWNED FIREARMS RANGE** and that the above list in no way limits the extent of this Waiver of Liability/indemnification Agreement and Covenant Not to Sue.

I do hereby further agree **INDEMNIFY AND HOLD HARMLESS** the **PORT JERVIS CITY OWNED FIREARMS RANGE AND THE PORT JERVIS CITY POLICE DEPARTMENT** Releasees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever (except for those resulting from the gross negligence or willful misconduct of the **PORT JERVIS CITY OWNED FIREARMS RANGE** Releasees) arising out of or in any way relating to my use of the **PORT JERVIS CITY OWNED FIREARMS RANGE** (excluding any violation of environmental laws). I further certify that I am in good health and that I have no physical limitations that would preclude my use of the **PORT JERVIS CITY OWNED FIREARMS RANGE**.

I acknowledge that the foregoing agreement is intended to be as broad and inclusive as permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. I understand that the terms of this agreement are legally binding and that I am signing this agreement, after having carefully read it, of my own free will.

Signature: _____ Date: _____

Parent/Guardian Consent: I, as parent or guardian of the above minor under 18 years of age, hereby consents, on behalf of the said minor to the terms and conditions set forth in the Waiver of Liability; Indemnification Agreement and Covenant Not to Sue.

Parent/Guardian _____ Date: _____



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Port Jervis Police Youth Academy Firearms Training and Safety Day at the Range

Parents/Guardians,

Be advised that there will be several certified firearms instructors, youth academy director and drill instructors at the Port Jervis City Owned Firearms Range the entire time and will be instructing each child with basic firearms safety as well as the proper techniques on how to handle and operate a firearm.

- Each child will be equipped with eye protection and hearing protection.
- There will only be one child on the range operating one rifle at a time and there will be only one round provided for a single shot which will be loaded by a certified firearms instructor.
- There will be no handguns fired or handled by any child at any time while they are at the range.
- The main firearm that will be used will be a .22 caliber rifle.
- Each child will shoot at a steel plate target and a personalized paper target that they can take home with them to show their accomplishments.
- There will be a fixed firearm station that each child can shoot from which will be under a tent to protect them from the elements.
- NRA gun safety material will be issued to all children who participate.
- There will also be sanitizing material for each child to wash their hands if needed.
- We will also be providing water for each child.

Please sign the attached waiver and indemnification form if you would like to have your child participate in this program. **NO CHILD WILL BE ALLOWED ON THE FIREARMS RANGE WITHOUT A SIGNED WAIVER.**

Please dress your child appropriately. We recommend they wear long pants and shoes that they do not mind getting dirty.

you have any questions, please feel free to contact Detective Mitchell at 845-858-4073 or the Port Jervis Police Station main desk at 845-856-5101.