

# 2019 Jr. Emergency Services Academy Application Form

I am interested in attending the Upper Macungie Township Police Department and the Upper Macungie Township B.O.F. Junior Emergency Services Academy. I understand I must be between 12 and 16 years of age on the date the Academy begins and a resident of Upper Macungie Township. **(Registration begins May 1, 2019 - ends July 1, 2019)**

The 2019 Junior Emergency Services Academy will be **Monday, July 22, 2019- Friday, July 26, 2019 from 9:00am-3:00 daily at Upper Macungie Township Station #56** (6510 Schantz Road; Allentown, PA 18104). Lunch will be included.

**Return Registration Form before July 1, 2019 to:**

Upper Macungie Township Attention: Grant W. Grim, Fire Commissioner  
8330 Schantz Road  
Breinigsville, PA 18031

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

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Sex** (circle one): Male Female      **Shirt Size** (adult sizes, circle one): S M L XL XXL

**List any allergies:** \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking or allergic to any medications No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes (explain) \_\_\_\_\_  
\_\_\_\_\_

Do you have any emotional and/or physical limitations that would hinder you from participating in any activities? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes (explain) \_\_\_\_\_  
\_\_\_\_\_

Are you covered by Health Insurance? No \_\_\_\_\_ Yes \_\_\_\_\_

Health Plan & Policy # \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

**Emergency Phone # of Parent or Guardian:** \_\_\_\_\_

**I understand**

1. Participation in the Junior Emergency Service Academy requires the use of police and firefighting equipment and techniques and that the emphasis of safety is paramount
2. Foul language and unsafe horseplay will not be tolerated
3. No electronic devices, other than cell phones for emergency use, are permitted to be used during training.
5. Proper dress for physical activities such as these will be expected
6. Photographs may be taken during the academy for the purpose of media exposure. Please inform us if you do not want your photo on our website or facebook account.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made above are true, complete and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
**Signature of Junior Applicant**

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

\_\_\_\_\_  
**Signature of Parent or Guardian**

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