

West Windsor Township Police Department

Youth Academy Registration Form

Name: _____

Address: _____

Male: _____ Female: _____

School Grade Level: _____

Phone: _____

Birth Date: _____

Emergency Contact: _____

Emergency Phone: _____

***Your child will receive a t-shirt as part of their "uniform" while they attend the Youth Academy. Please indicate below the ADULT shirt size they would require.**

Shirt Size: _____

Parent Name: _____

Parent Signature: _____

Date: _____