



Gloucester County Police Academy

1400 Tanyard Road

Sewell, NJ 08080

(856) 415-2266

Candidate Physical Fitness Preparation Program-Application

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email _____

I have applied to a law enforcement agency? YES NO
☐ ☐ If yes, where? _____

Are you a resident of New Jersey? YES NO
☐ ☐

Physician: _____ Phone _____

EMERGENCY CONTACT

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Relationship: _____

Cell Phone: _____ Email _____

MEDICAL AWARENESS

Do you have any existing medical conditions YES NO
☐ ☐ If yes, please list? _____

If yes, will physical activity affect you in any way? YES NO
☐ ☐ If yes, in what way? _____

Are you taking any medications? YES NO
☐ ☐ If yes, please list? _____

Will you be in possession of prescription or non-prescription medication at the PREP program?

YES
☐

NO
☐

If yes, please list? _____

Do you have any allergies?

YES
☐

NO
☐

If yes, what? _____

MEDICAL INSURANCE

Are you covered by medical insurance?

YES
☐

NO
☐

*If YES, please supply a photocopy of your insurance card.

***IF NO, YOU WILL NOT BE ABLE TO PARTICIPATE IN THE PREP PROGRAM**

Insurance Company: _____

Policy #: _____

Group #: _____

Disclaimer and Signature

I understand:

1. The Police Academy Director/Training Coordinator will review this application and determine your admittance.
2. By making application does not automatically qualify you for admittance to the PREP program.
3. The admittance to this program is voluntary and I may withdraw at any time.
4. If I decide to withdraw from this program, it will not hinder my future admittance to the police academy.
5. I **must** attend orientation on Day 1.
6. If I do not attend the orientation, I will not be permitted to participate in any PREP program training.
7. If I require medical attention while participating in the PREP program, I will have to provide an updated medical clearance before participating in the next session.
8. After the start of orientation and throughout the PREP program, I must advise academy personnel if my medical condition changes. The reporting requirement includes any change in medical condition, whether I am actively participating in the program or outside the police academy campus.
9. I must stop exercising if I feel that I am in distress, which includes but is not limited to dizziness, nausea, light-headedness, muscle weakness, impaired vision, pain, muscle weakness, confusion, and breathing issues.
10. I may be dismissed from the PREP program for any action, in-action, or health/medical reasons.
11. **Within 30 days** of the start of the PREP program, I am required to **submit a medical clearance certification form** signed by a NJ licensed physician to participate in the PREP program.
12. I am required to **sign and submit a "Hold Harmless Agreement"/Waiver of Liability** to participate in the PREP program.

I certify that my answers in this application are true, complete, and accurate to the best of my knowledge and belief. Any false statements or answers may lead to my dismissal from the prep program. By signing below, I understand that any information on this form may be released to a law enforcement agency conducting a background investigation on me.

Signature: _____

Date: _____

Admission Status: APPROVED: ☐ Initials _____
 DENIED: ☐ Initials _____