



HAWTHORNE POLICE DEPARTMENT  
HAWTHORNE BOARD OF EDUCATION  
HAWTHORNE MUNICIPAL ALLIANCE  
NJ ARMY NATIONAL GUARD  
**2016 LEADERSHIP CAMP**  
AUGUST 15<sup>TH</sup> – AUGUST 19<sup>TH</sup>, 2016



Dear Parent,

This year the Hawthorne Police Department in conjunction with the Hawthorne Board of Education and the Hawthorne Municipal Alliance will be hosting its annual Lincoln Middle School Leadership Camp. The program will begin on Monday August 15th and conclude on Friday August 19, 2016. This program is designed to assist incoming students to the layout of Lincoln Middle School, getting acquainted with faculty members and new classmates from the other schools in our district.

Students will participate in various programs throughout the week including:

- Becoming familiar with Lincoln Middle School
- Classroom and locker organization
- Use of a combination lock
- Adjusting to the new academic curriculum
- The middle school grading system
- Leadership building activities

The program begins everyday at 8:30am and concludes at 2:30pm. All students are provided two camp t-shirts, visor, breakfast and lunch. Students are under the supervision of members of the Hawthorne Board of Education, Hawthorne Police Department, New Jersey National Guard; as well as Student Mentors. The enrollment fee is \$75.00 per student. If you have a hardship and cannot afford the enrollment fee, please contact Lt. James Knepper at 973-427-1800 or [jknepper@hawthornepdnj.org](mailto:jknepper@hawthornepdnj.org), this information will be kept confidential.

With your support and enrollment, we can make the transition to the Lincoln Middle School a positive experience for your child.

If you are interested in enrolling your child please complete the Student Application and the Hold Harmless Agreement. The payment by check can be made out to the Borough of Hawthorne in the amount of \$75.00; return the completed forms and payment to:

Hawthorne Police Department,  
*Att: Leadership Camp*  
445 Lafayette Avenue  
Hawthorne, NJ, 07506

***All Registration forms are to be returned no later than June 3, 2016***

Additional information, when and how to pick up the leadership camp t-shirts and visor, will be forward to all enrolled students prior to the beginning of the program. If you have any questions contact Lt. James Knepper Hawthorne Police Department 973-427-1800 or by email [jknepper@hawthornepdnj.org](mailto:jknepper@hawthornepdnj.org).



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*Student Application*

**Student Information** *(Please Print Legible)*

1. Students Name: \_\_\_\_\_  
*First Name* *Last Name*
2. Student's Current School: \_\_\_\_\_
3. Student's T- Shirt Size **\*\*\*\*\*Child Sizes \*\*\*\*\***  
*Circle one* Small Medium Large X Large
4. Students Age: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_
5. Students Home Address: \_\_\_\_\_
6. Student Home Telephone Number: \_\_\_\_\_

**Parent Contact Information** *(Please Print Legible)*

1. Parent / Guardian Name: \_\_\_\_\_
2. Parent / Guardian Address: \_\_\_\_\_
3. Parent / Guardian Telephone Number: \_\_\_\_\_

*All Registration forms ae to be returned no later than June 3, 2016*



**HAWTHORNE POLICE DEPARTMENT  
BOROUGH OF HAWTHORNE  
HAWTHORNE BOARD OF EDUCATION  
NJ ARMY NATIONAL GUARD  
2016 LEADERSHIP CAMP  
AUGUST 15 – AUGUST 19, 2015**

**Hold Harmless Agreement**

I, the undersigned parent/guardian of \_\_\_\_\_ residing at \_\_\_\_\_  
Child's Name  
 \_\_\_\_\_  
Address

Do hereby give my son / daughter permission to attend the Hawthorne Police Department / Lincoln Middle School / New Jersey National Guard Leadership Camp and in consideration of allowing him / her to participate in the above named program. I voluntarily and knowingly release and discharge the Borough of Hawthorne, Hawthorne Police Department, Hawthorne Board of Education, Hawthorne Municipal Alliance, New Jersey National Guard and all instructor and participants in this program as well as all others who may liable from all claims, present and future, known or unknown, in any manner arising out of his / her participation in the leadership camp program.

I also acknowledge that \_\_\_\_\_ has no limiting medical  
Child's Name  
 Condition(s) and is capable of participating in the program. \_\_\_\_\_  
Parent / Guardian Signature

This hold harmless agreement is a testament to my understanding of the above evidence by my signature.

**Emergency Information**

Please provide an emergency **contact name, address and phone number** below, in the event we need to get in contact with you immediately. Please provide at least two contacts.  
*Please print clearly or type*

\_\_\_\_\_  
 \_\_\_\_\_

Parent: Please check this box if you want to be contacted to be put on the schedule to assist other parents serving meals (Breakfast & Lunch at the camp)

Yes, I am willing to assist in serving:      Breakfast    Lunch    Both  
Circle One

Parent – Home Telephone _____ Cell # _____
Email Address _____