iTHE AMERICAN LEGION LAW CADET TRAINING PROGRAM GUIDELINES
PO BOX 396, MONTPELIER, VT 05601-0396
TEL: (802) 223-7131
FAX: (802) 223-0318  E-mail: alvythq@myfairpoint.net
Web Site: VTLEGION.ORG

JUNE 20 THROUGH JUNE 26, 2020

This program is limited to YOUNG MEN AND WOMEN BETWEEN THE AGES OF 14 AND 20. The Program is being run in coordination with the New Hampshire Police Cadet Training Academy (NHPCTA) and will be conducted on the campus of the New Hampshire Institute of Technology in Concord, New Hampshire. Positions are filled on a first come, first serve basis based on totally completed applications and the receipt of funds. Ensure the application is COMPLETE AND ACCURATE with the required information and signatures prior to having it endorsed by your local American Legion Post. INCOMPLETE APPLICATIONS MAY RESULT IN THE APPLICANT BEING DENIED OR REJECTED.

PURPOSE

The purpose of The Cadet Training Program is to help young people gain knowledge regarding training and responsibilities of Law Enforcement Officers. Hopefully, they will better understand and have greater respect and appreciation of law enforcement officials, leadership, and themselves. The mission of the academy is to build qualities such as self-discipline, self-respect, self-esteem, and pride in one's self through respect, discipline, teamwork and motivation.

INSTRUCTION AND TRAINING

This is a week-long, intensive residential program with a regimented paramilitary structure where the cadets will follow very specific guidelines and orders for dormitory living arrangements. Training and classroom sessions will cover an assortment of law enforcement related topics and the cadets will be mentored and served by a variety of law enforcement officers and other related personnel and staff. Cadets will participate in physical training, formations, marching and will be instructed in military etiquette. Once the Basic Session is completed the Cadet will be eligible for the Advanced Session the following year. There is a 3rd year session as well for those that complete the Advanced and this is the Leadership Session. Many of the staff Law Enforcement personnel have completed some, if not all of the sessions. There are three YouTube Videos of the NHPCTA that we urge potential Basic Session attendees to view. They can be found at https://youtu.be/3c2YxTGJ-E0  https://youtu.be/JPc icujiVA  https://youtu.be/ bb_FS_ZhIU

2020 PROGRAM DURATION

CHECK-IN: Saturday, JUNE 20, 2020 @ 0900 at the New Hampshire Institute of Technology (NHIT) in Concord, New Hampshire
GRADUATION: FRIDAY, JUNE 26 2020@ 1600. Family & Friends of the Cadets are invited to attend the Graduation and there is usually a very large number in attendance.
CONFIRMATION – AN EMAIL WILL BE SENT TO THE ADDRESS PROVIDED ON THE APPLICATION WITH THE CONFIRMATION MATERIAL ATTACHED TO THE SAME. THIS IS THE ONLY NOTICE YOU WILL RECEIVE SO DO NOT LOSE IT. IT SHOULD BE REVIEWED BY BOTH THE CADET AND THE PARENTS.

CLOTHING/GEAR REQUIREMENTS
A complete packing list of required gear and equipment will be sent with the confirmation packet when the applicant is accepted into the program. A sample list is included for reference.

PROHIBITED ITEMS
An Inspection of all Cadet belongings and room will take place for safety purposes.

1. Electronics – No electronics of any kind including cell phones, IPhones, radios, tablets, or computers.
2. Food – Only Academy provided food will be allowed in dorms. No outside food including snacks, candy, juices, water bottles, etc. are allowed. Food and drink required for medical needs will be allowed.
3. Weapons of any kind, whether they are intended weapons or not. This list includes, firearms, knives, Leathermen®, hunting knives, Swiss Army® knives, etc.
4. Pornography of any type.
5. Illegal drugs of any kind, alcohol and cigarettes/tobacco products to include electronic type. All prescription and over the counter medications will be turned in and administered by the staff nurse.
6. Tattoos – Tattoos are strictly forbidden. Any tattoos that are visible when in PT gear or the uniform of the day must be covered. Cadets with visible tattoos should wear something large enough to cover the same and that will stay in place throughout the day (i.e. ace wrap, large adhesive bandage, or other appropriate flesh colored wrap).
7. Jewelry – other than a wedding band or religious symbol on a neck chain, jewelry is forbidden for all cadets. This includes visible piercings of any type, including ears. Cadets arriving with visible jewelry, other than the two allowed items will be instructed to remove the jewelry/piercing, or find a means to have it covered.

APPLICATION
For more information or an application, please contact your nearest American Legion Post or your High School Guidance Office. (An application is attached for your convenience)

Mail to: THE AMERICAN LEGION
DEPARTMENT OF VERMONT
P O BOX 396
MONTPELIER, VT 05601-0396
TEL: (802) 223-7131

E-mail: alvtha@myfairpoint.net

DEADLINE: APRIL 15, 2020

Program Fee is $250.00 – paid by sponsoring American Legion Post
THE AMERICAN LEGION APPLICATION
JUNE 20 THROUGH JUNE 26, 2020
Application must be submitted to your Local American Legion or to Vermont Legion Headquarters

APPLICATION: (To be completed personally by applicant – please type or legibly print in ink) – Name as it should appear on the graduation certificate)

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
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Age Date of Birth (Month/Day/Year) Gender

Mailing Address (Street, City, State & Zip)

Father's Name & Address

Mother's Name & Address

CHECK THE SESSION YOU ARE APPLYING FOR:

_____ BASIC SESSION (100 Cadets Accepted)

_____ ADVANCED SESSION (30 Cadets Accepted) - Basic Year Attended_____

_____ LEADERSHIP SESSION (16 Cadets Accepted – Advanced Year Attended_____

EMAIL ADDRESS:

REQUIRED: SHIRT SIZE: SMALL _ MEDIUM _ LARGE _ X-LARGE _ XX-LARGE _

EMERGENCY CONTACT INFORMATION:
Person to Contact in case of emergency:

Telephone Number: ___________________ day ___________________ evening ___________________ cell ___________________

All completed applications must be submitted to your local American Legion Post,
NO LATER THAN MONDAY, APRIL 15, 2020.

I do believe in The American Legion's principles of Law & Order and I wish to attend the program. I acknowledge that if I do not complete the program all issued equipment will remain the property of the New Hampshire Law Cadet Academy.

DATE SIGNATURE OF APPLICANT

PARENTS APPROVAL (Signature): _______________________
ENDORSEMENTS

Every application must be of good moral character and come well recommended.

SCHOOL: (To be completed by High-School Principal, IF APPLICABLE.)

I hereby certify that at the time this application is being completed, the student is a member of the ___ ___ Class at _____________________________ High School, and is at least 14 years of age, I recommend his/her participation in the Cadet Law Enforcement Program, co-sponsored by The American Legion and The Vermont Criminal Justice Training Council.

_________________________ SIGNATURE OF HIGH SCHOOL PRINCIPAL

LAW ENFORCEMENT OFFICIAL: (To be completed by a full time Law Enforcement Officer).

I, ____________________________, regularly employed in the field of Law Enforcement, do know and have interviewed the applicant and do hereby recommend him/her as a worthy candidate to participate in the youth program. I explained the rigors of academy life and what is to be expected during the course of the program.

_________________________ SIGNATURE / OFFICIAL TITLE / DEPARTMENT

FOR THE PARENT OR GUARDIAN: It is important that the home phone number of the Cadet be placed on the application form so parents/guardians may be reached in case of emergency. In addition, the Medical Certificate must be filled out and signed by a physician. Cadets will not be excused before the close of the session except in the case of an emergency, such as illness of the Cadet or illness or death in the Cadet's immediate family.

I hereby authorize the New Hampshire Police Cadet Training Academy Staff or their representative to obtain medical treatment for my Son/Daughter/Ward, ____________________________, while participating in The American Legion Law Cadet Training Program, June 20 – June 26, 2020. Said treatment may include medication, injection, and/or emergency surgical treatment.

_________________________ SIGNATURE OF PARENT/GUARDIAN

LEGION POST: (To be completed by the Post Commander or Adjutant once application has been completed by applicant. Application shall be reviewed for accuracy and completeness).

I hereby certify that the above applicant is a resident of our Post Community and our Legion Post recommends that he/she be accepted as a delegate at the Cadet Law Enforcement Academy. The Post Check for $250.00 fee is enclosed with this application and is made payable to The American Legion Department of Vermont.

_________________________ SIGNATURE LEGION POST OFFICER/POSITION
NHPCTA
PHYSICAL EXAMINATION FORM
(To Be Completed by Physician)

Name: ______________________________ Date of Birth: ______________________________

List Any Routine Medications Currently Taking:
____________________________________________________________________________

List Any Medication Allergies Here:
____________________________________________________________________________

**PLEASE ATTACH A COPY OF ALL IMMUNIZATIONS**

HEALTH HISTORY (give dates):
Allergy ___________________________ Heart Disease ___________________________
Epi-Pen Required ___________________________ Hospitalizations ___________________________
Serious Injuries ___________________________ Orthopedic ___________________________
Ear Infections ___________________________ Transplants ___________________________
Concussion How Many Length of Treatment Current Status ___________________________
Seizure Disorder Emergency Medication ___________________________
Diabetes Treatment ___________________________
Asthma Inhaler ___________________________

***AN EMERGENCY ACTION PLAN IS REQUIRED FOR: ASTHMA, DIABETES, SEIZURE AND ALLERGIES***

PHYSICAL EXAM:
Normal ___________________________

Exceptions/abnormalities

<table>
<thead>
<tr>
<th>Vision</th>
<th>Blood Pressure</th>
<th>O2 Saturation</th>
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<th>Corrective Lenses</th>
<th>Heart Rate</th>
<th>Height</th>
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<th>Hearing</th>
<th>Respirations</th>
<th>Weight</th>
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<table>
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<th>Hearing Aids/FM System</th>
<th>Temperature</th>
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</table>

DEVELOPMENTAL:
Normal ___________ Delayed ___________
Recommendation regarding medical/developmental needs:
____________________________________________________________________________

MAY PARTICIPATE IN (Strenuous physical activity, marching, hiking, athletic competitions, exposure, fatigue, and highly elevated stress levels):

ALL FORMS OF ATHLETICS FOR ONE CALENDAR YEAR: YES ___________ NO ___________

ANY RESTRICTIONS:
____________________________________________________________________________

COMMENTS
____________________________________________________________________________

DATE OF EXAM: ___________ PHYSICIAN SIGNATURE ___________

Physician Name

Physician Address: ___________________________ Phone Number: ___________________________

Parent/Guardian Signature
____________________________________________________________________________

**THIS FORM IS ONLY VALID ONE YEAR FROM DATE OF EXAM**

Rev. Nov. 2018

The NH Police Cadet Training Academy is a program sponsored by the NH Troopers Foundation, Inc. a IRS recognized 501C3 corporation under Tax Identification number 82-4941619
NHPCTA
Parental Consent and Release Form
Medical Update and Permission

INSTRUCTIONS: This form will be provided to the doctor or medical personnel to whom your cadet is taken in the event of a medical emergency while at the NHPCTA. Please complete ALL SECTIONS completely and as accurately as possible.

Cadet’s Name: _______________________________ Date of Birth: ________________

Home Address: _______________________________ Phone(H): ____________________

MD Name: _______________________________ Phone: ____________________

MD Street: ____________________ Town: ____________________ State: ___ Zip: ________

EMERGENCY CONTACTS - PARENT(S)/GUARDIAN (P/G) or OTHER EMERGENCY CONTACT (at least 2)
P/G Name: _______________________________ Phone: ____________________

Work: _______________________________ Phone: ____________________

P/G Name: _______________________________ Phone: ____________________

Work: _______________________________ Phone: ____________________

Other Contact Name: _______________________________ Phone: ________________

CHECK ANY THAT APPLY

My Cadet has:

___ No health problems

___ A health issue or need which may need consideration while at the NHPCTA (ie: bee, food, drug, or environmental allergy, chronic illness/problem such as Asthma, Diabetes, Seizures). Explain.

___ Allergy: _______________________________

____ Cadet requires Benadryl/Diphenhydramine only

____ Cadet requires Epi-Pen

___ Asthma: _______________________________

____ Cadet requires inhaler

____ The inhaler medication is ______________________ and should be used as follows:

Time: _______  Dose: _______

Time: _______  Dose: _______

___ Diabetes: _______________________________

____ Cadet requires Insulin (Must have current insulin MD orders attached)

___ Seizures: _______________________________

____ Cadet requires Diastat or Nasal Midazolam (Must have current MD order attached)

ALL OF THE ABOVE REQUIRE A CURRENT EMERGENCY MEDICAL CARE PLAN ATTACHED

___ Other

____ My Cadet will need other medication while at the NHPCTA and I will deliver it to the NURSE in the original labeled container to be taken as follows: (Use separate paper if more than one)

Medication Name: _______________________________ Dose: _______ Time(s): __________

Date of last Tetanus shot: ____________________________

PARENTAL AUTHORIZATION

You have my permission to assist/supervise my cadet in taking the medications listed/checkered above. I understand that a nurse, advisor, or other responsible adult designated by the Commander may carry my cadet’s medication. In case of medical emergency, in the event I cannot be reached, I authorize the NHPCTA, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my cadet by or under the supervision of a duly licensed doctor, dentist or surgeon, or other health care professional.

Parent/Guardian Signature: __________________________________________ Date: ________________

This is a 2-sided form that requires a signature on both sides.

The NH Police Cadet Training Academy is a program sponsored by the NH Troopers Foundation, Inc. a IRS recognized 501C3 corporation under Tax Identification number 82-4941619
NHPCTA
NHPCTA Parental Consent and Release Form
(This is a two-sided form that requires a signature on both pages)

Please read the entire form on both sides. If there is anything about this form or the activity described that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.

I, ____________________________, am the parent or guardian of

_____________________________________________________________, who desires to participate in the following: 2019 NHPCTA

Date of Activity: June 22-28, 2019

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my cadet's involvement and consent to my cadet's participation in the above described activity. By signing this form you, as the parent or guardian, are acknowledging that your cadet will be involved in these activities and will be following all rules and regulations of the NHPCTA (even if student is 18). If your cadet violates NHPCTA rules and behavior warrants it, you will be responsible for coming to pick your cadet up. Should your cadet's behavior be such that EMS or Local Law Enforcement need be contacted that will happen and you will be required to pick your cadet up at your expense as well. Any damage to the Academy will be the direct responsibility of the parent/guardian of the cadet involved.

Parent or Guardian ____________________________ Date ________________

Signature

Insurance Information
Is the participant covered by family medical/hospital insurance? _____ Yes _____ No

If so, indicate carrier or plan name ____________________________________________ Group # ________________

Over-the-Counter Medications:

NHPCTA has my permission ____________________________ (Parent/Guardian)

to assist my cadet ____________________________ (Name of Cadet) in the administration of the following

over-the-counter medications, if needed while at the Academy:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Medication</th>
<th>Dose</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Acetaminophen/TYLENOL</td>
<td>As recommended for age/weight</td>
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<tr>
<td></td>
<td></td>
<td>Ibuprofen/Advil</td>
<td>As recommended for age/weight</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antacid/Tums</td>
<td>As recommended for age/weight</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diphenhydramine/Benadryl</td>
<td>As recommended for age/weight</td>
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<tr>
<td></td>
<td></td>
<td>Cough Drops</td>
<td>As directed on label</td>
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<tr>
<td></td>
<td></td>
<td>Anti-itch cream</td>
<td>As directed on label</td>
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<tr>
<td></td>
<td></td>
<td>Antibiotic cream</td>
<td>As directed on label</td>
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<tr>
<td></td>
<td></td>
<td>Oralgel</td>
<td>As directed on label</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sunscreen</td>
<td>As directed on label</td>
</tr>
</tbody>
</table>

I authorize the NHPCTA to assist my cadet in taking prescribed medication and the Over the Counter Medications listed above, and agree that I/we will not hold liable any member of the Academy staff or an individual of official capacity who is directed by me to assist my cadet, in the taking of medication or side effects that may occur from administration of above medications and treatments. All health information must be current and up to date with appropriate documentation given to the Academy for review prior to attending this Academy.

Parent/Legal Guardian Signature: ____________________________ Date ________________

The NH PoliceCadet Training Academy is a program sponsored by the NH Troopers Foundation, Inc. a IRS recognized 501C3 corporation under Tax Identification number 82-4941619
NHPCTA
Prescription Self Medication Order and Permission Form
(For Healthcare Provider use)

THIS SECTION TO BE COMPLETED BY PARENT:

I give my permission for ____________________________ to release information to the NHPCTA
concerning medication prescribed to my cadet, ____________________________ D.O.B. ____________
(Name of Physician) (Name of Cadet)

Date ____________ Signature of parent/guardian ________________________________________

Please return to the NHPCTA Nurse to be faxed to the Physician

**TO BE COMPLETED BY PHYSICIAN ONLY**

(A separate form is needed for each prescription)

Per ED311.02 (e) (1) a-1 the following information must be entirely completed.

Medication ________________________________________________________________

Directions ________________________________________________________________
(Including frequency, time given, route of administration, and dosage.

Beginning Date ____________ Ending Date ____________

Diagnosis/Reason for prescription _____________________________________________

Specific recommendations for administration and/or special side effects, contraindications and adverse reactions to be observed ________________________________________________________________

Print Name of Physician/Provider _____________________________________________

Signature of Physician/Provider ______________________________________________

Address _________________________________________________________________

Phone Number ____________________________ Emergency Phone# ______________________

Date ______________________________

**Permission for Self-Administration of Inhalers, Epi-Pens, and Diabetes Insulin Only**

I ____________________________ authorize ____________________________ to be allowed to self-administer
(Print Name of Physician) (Print Name of Cadet)
________________________________________ while at NHPCTA. This cadet may carry the medication on their person.

Date: ____________________________

Physician Signature ________________________________________

(Please Note: In addition parents must complete a Medication Administration Request and Consent Form. This form does NOT require physician/ provider signature.)

The NH Police Cadet Training Academy is a program sponsored by the NH Troopers Foundation, Inc. a IRS recognized 501c3 corporation under Tax Identification number 82-4941619
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT (AGREEMENT"")

In consideration for attending and participating in: The Vermont American Legion Law Cadet Program which is run in coordination with the New Hampshire Police Cadet Training Academy at the New Hampshire Institute of Technology at Concord, New Hampshire; 20 June 2020 through 26 June 2020; and participating in any way in any event ("Activity") at any time during said period I, for myself, my personal representatives, assigns, heirs, and next of kin:

1.....ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2.....FULLY UNDERSTAND that:
   (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks");
   (b) These Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;
   (c) There may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.

3.....HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the New Hampshire Troopers Foundation, Inc., New Hampshire Police Cadet Training Academy, the Vermont Law Cadet Program, and the Vermont American Legion, Inc., their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

(OVER)
RECEIVE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT (AGREEMENT)....Continued

PRINTED NAME OF PARTICIPANT: ____________________________________________

PARTICIPANT’S SIGNATURE: _______________________________________________

ADDRESS:  
(Street w/number)  
(City)  
(State)  
(Zip Code)

PHONE: ___________________________ DATE: ___________________________

MINOR RELEASE; (must be completed by parent/guardian for any participant under the age of 18)
AND I, THE MINOR’S PARENT, AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF
THE ACTIVITY AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE
MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO
PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO
SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE
RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE
MINORS ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE
NEGligence OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE
OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR
ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES
NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES
FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY
COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: __________________________________

PARENT/GUARDIAN SIGNATURE: __________________________________________

(If participant is under the age of 18 - I hereby certify that I have full authority to act as his/her legal guardian.)

ADDRESS:  
(Street w/number)  
(City)  
(State)  
(Zip Code)

PHONE: ___________________________ DATE: ___________________________

EMAIL ADDRESS; ______________________________________________________
2019 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY
A program sponsored by the NH Troopers Foundation, Inc.

RELEASE OF INFORMATION

During the course of the week of the NH Police Cadet Training Academy is in operation we are occasionally visited by members of the print, television and other media agencies requesting to do a story on our program. We also take pictures of the Cadets for use on our website www.nhpeta.org, as well as promotion of other programs of the NH Troopers Foundation, Inc.

The Cadet Academy also maintains a Facebook page and posts highlights of the day's activities. The Facebook page is also used to promote the program and encourage others to attend.

By affixing a signature on this form parents of Cadet under age 18, or Cadets age 18 or older, hereby give permission for their child's name, age, hometown and/or image to be used by visiting media and for internal use by the Staff of the NH Police Cadet Training Academy and the NH Troopers Foundation, Inc. or his designee.

Cadet's Name: ________________________________ Age: ________________

Hometown: ______________________________________

Parent Signature (required for all Cadets under age 18): ________________________________

Cadet Signature (all Cadets regardless of age): ________________________________

Date: __________________________
NEW HAMPSHIRE TECHNICAL INSTITUTE CONTACT INFORMATION

The Administration of NHTI would like to develop a list of Cadets who attend the New Hampshire Police Cadet Training so that after high school graduation, they may contact you as a prospective student with enrollment information as well as track Cadet Academy graduates who matriculate into their academic programs. If you wish to allow us to share your child’s (or your information if you are 18 years old or older) please complete the attached form and submit it with your enrollment packet.

Cadet Name: ______________________________ Age: ____________________

Mailing Address: ____________________________________________________________________________

Telephone: ___________________________ E-Mail: ________________________________

Current High School: _______________________________________________________________________

Anticipated Year of Graduation: ______________________

I authorize the Program Coordinator of the New Hampshire Police Cadet Training Academy to share my (or my child’s) contact information with the Administration of the New Hampshire Technical Institute for recruitment and enrollment tracking purposes.

Cadet or Parent signature if less than 18 years old: ____________________________________________

Date: _______________________________________________
NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY

Required Equipment List
(Cadets will carry what they bring, pack accordingly.)

Personal items and linens may get mixed during room inspections. It is recommended that some kind of identifying mark initials be put on these items.

*Note* - An inspection will be conducted to ensure that all Cadets have shower hygiene needs, as well as linens and clothing. Parents of Cadets who are not properly supplied will be called to bring the missing supplies, or billed for items that need to be purchased. Graduation certificates will not be issued until reimbursement is paid.

1. Physical Training (PT) gear (gym shorts or sweats, t-shirts, sneakers) PT will be outdoors each morning, which may be cool. Sneakers- 2 pairs, 1 for PT and 1 for daily wear. Jock strap/sports bra as appropriate. Marching and drilling are activities the Cadets will be doing, so the footwear should be broken in prior to the Academy.

2. Clothing - Blue jeans. Jeans must be normal fitting and no holes. No baggy or droopy styles will be allowed. Academy T-shirts and graduation shirts will be provided. Cadets who are members of Explorer Posts will not need any uniform components. Undergarments and personal toiletries for 7 days. The weather may be hot, plan on clothing changes after PT and daily activities.

3. Rain Gear: rain coat or poncho (not a golf rain shirt).

4. Sleepwear - Tee shirts and shorts for all. Females should dress appropriately for sudden night deployment.

5. Belt - Pants belt is required for all Cadets.

6. Bed Linen - Two sheets (single bed, non-fitted), pillow, pillowcase, blanket. Sleeping bags and bed bags are not allowed. Occasionally bedding gets mixed during room inspection, linens should have a name or other identifying mark applied prior to arrival.

   a. Personal Hygiene - Shower supplies, towels, soap, shampoo, toothpaste, hairbrush, etc. Make-up will not be allowed except for a modest application on females for graduation. Hair ties for long hair. Males who are shaving will be required to shave daily. All Cadets are required to be well groomed, clean-shaven, with all long hair pulled back into a ponytail. Beards, long sideburns, earrings and other jewelry are not allowed. (watches and wedding bands are excluded).

7. Other - Flashlight.

8. Leadership Cadets Only - Assistant Commander Gould will be mailing all information specific to Leadership directly to your mailing address provided. If you have not received the packet well before three weeks prior to the Academy, contact Assistant Commander Gould directly at anne.gould@rochesternh.net.

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