

CADET LAW ACADEMY APPLICATION

A Youth Program Sponsored by

The Kansas Highway Patrol, The Kansas American Legion, The Kansas American Legion Auxiliary

This completed application, a transcript showing GPA supporting a C+ average, along with the sponsor's fee of \$300, the applicant's fee of \$50, and a 50-100 word statement by the applicant in their own words stating reasons for wanting to attend the Academy must be submitted to The Kansas Department Headquarters, The American Legion, 1314 SW Topeka Blvd., Topeka, KS 66612-1921.

APPLICATIONS POSTMARKED NO LATER THAN MARCH 31.

Application personally completed by applicant. Please TYPE or PRINT in ink. DATE: _____

NAME: _____

LAST

FIRST

MIDDLE

DATE OF BIRTH: ___/___/___ AGE: ___

ADDRESS: _____

STREET

CITY

ZIP

FATHER'S NAME: _____

ADDRESS: _____

STREET

CITY

ZIP

TELEPHONE(____) _____ (____) _____ (____) _____

HOME

WORK

CELL

MOTHER'S NAME: _____

ADDRESS: _____

STREET

CITY

ZIP

TELEPHONE(____) _____ (____) _____ (____) _____

HOME

WORK

CELL

HIGH SCHOOL NAME: _____

ADDRESS: _____

STREET

CITY

ZIP

ACTIVITIES _____

(SCHOOL, SPORTS, CHURCH, CLUBS, CIVIC)

INFO: _____

HAT SIZE

T-SHIRT (S,M,L,XL)

HEIGHT

WEIGHT

MALE/FEMALE

I do believe in the principle of maintaining Law and Order and of service to God and Country.

Signature of Applicant

**CADET LAW ACADEMY APPLICATION
CONTINUED**

PERMISSION BY PARENT/GUARDIAN FOR APPLICANT'S PARTICIPATION:

As the parent/guardian of _____, I do hereby give my permission to confirm the applicant's school record and if the applicant is accepted as a Cadet, to full participation in all of the activities of the Academy, including a flight in the Highway Patrol Aircraft, driving a car on the Patrol's defensive driving course, and the use of firearms on the Patrol's target range. I have also included the Cadet Law Enforcement Academy Medical Authorization and Medical Information forms as required by the Kansas Highway Patrol, American Legion, and American Legion Auxiliary for the applicant's participation.

Signature of Parent/Guardian

SCHOOL ENDORSEMENT:

I hereby certify that the above mentioned student is a member of the junior class at _____ High School and scholastically has a 'C+' average and I recommend the applicant's participation in the Cadet Law Enforcement Academy co-sponsored by The Kansas American Legion, The Kansas American Legion Auxiliary, and The Kansas Highway Patrol.

Signature of High School Principal

AMERICAN LEGION POST/UNIT ENDORSEMENT:

I hereby certify that the above applicant is a resident of Kansas and our Legion Post/Unit recommends that the applicant be accepted as a participant in the Cadet Law Enforcement Academy.

Name & No. of Legion Post/Unit

Signature of Commander/President

ENDORSEMENT OF LAW ENFORCEMENT OFFICIAL:

I do know, or have interviewed this applicant to the Cadet Law Enforcement Academy and recommend the applicant's participation as a Cadet in The American Legion/Auxiliary, and Kansas Highway Patrol Cadet Law Enforcement Academy.

Signature of Official

Title of Official

******IMPORTANT******
PLEASE READ

Each Cadet is to provide thier own transportation unless arrangements are made with the sponsoring American Leigon Post/Unit. Keep in mind the Academy is not obligated to house or feed any Cadet prior to 3:00 PM Sunday preceding the opening. Cadets are expected to arrive between 3:00 and 5:00 PM. Each Cadet must have in their possession a valid Kansas Driver's License or Restricted Driver's License.

Due to the rigorous schedule of the week long session, no one receiving special med-icaiton or with a physical impairment will be accepted. No Cadet will be excused prior to the close of the session except in cases of an emergency such as illness of the Cadet or illness or death in the immediate family.

**The complete application, fee, and personal statement must be submitted to
The American Legion, 1314 SW Topeka Blvd., Topeka, KS 66612
Application must be postmarked NO LATER THAN MARCH 31
APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL SIGNATURES**

MEDICAL INFORMATION
FOR PARTICIPATION IN CADET LAW ENFORCEMENT ACADEMY
To be completed by the applicant's physician.

Name of applicant: _____ Date of Birth: ____/____/____

PLEASE CHECK ALL OF THE ILLNESSES APPLICANT HAS HAD:

- | | | | |
|------------------|-------------------------|-------------------|-------------------|
| ___ Appendicitis | ___ Diphtheria | ___ Lung Trouble | ___ Sinus Trouble |
| ___ Asthma | ___ Ear Trouble | ___ Measles | ___ Small Pox |
| ___ Chicken Pox | ___ Heart Trouble | ___ Mumps | ___ Typhoid Fever |
| ___ Convulsions | ___ Indigestion | ___ Pneumonia | |
| ___ Diabetes | ___ Infantile Paralysis | ___ Scarlet Fever | |

LIST ALL ALLERGIES, INCLUDING ALLERGIES TO MEDICINE: _____

Date of last Tetanus Shot: ____/____/____ Have you had polio immunization? Yes _____ No _____

WHAT IS THE CONDITION OF:

Heart: _____ Lungs: _____
Ears: _____ Eyes: _____
Throat: _____ Skin: _____

Is applicant using medication or under medical treatment? Yes _____ No _____

If so, what? Please be specific: _____

Existing physical defects: _____

I certify that the above named applicant is physically capable to compete in the Cadet Law Enforcement Academy physical program.

Physician's Signature

Date

**CADET LAW ENFORCEMENT ACADEMY
MEDICAL AUTHORIZATION**

As the parent/guardian of _____, I request that in my absence the above minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment deemed necessary.

Date of Birth ____/____/____

Date of last Tetanus Booster ____/____/____

Known allergies, including any allergies to medicine: _____

Any other medical problems which should be noted: _____

Family Physician: _____ Phone : _____

Address: _____ Fax: _____

Name of Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Place of Employment _____ Insurance Group # _____

Employer's Address _____

Home Phone: _____ Work Phone: _____ Cell #: _____

Insurance Carrier.: _____ Policy #: _____

Person to notify if Parent/Guardian is unavailable: _____

Home Phone: _____ Work Phone: _____ Cell #: _____

Signature of Parent/Guardian: _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____, 20____

Notary Public in and for the State of _____

Commission expires _____