Welcome

Dear parent and/or Explorer,

We are excited about your participation in the Georgia Law Enforcement Explorer Academy that will take place June 5th thru 10th. This year's academy will be at our new home, the Georgia Public Safety Training Center in Forsyth Georgia. The cost will be $150 per Explorer. The Explorers will need to also bring 100 rounds of .40 cal ammunition for their range day. Shirts, hats, water bottles, food, 2 pair of BDU pants, etc will all be included in the price. A full packing list is included at the end of this application.

Please take the time to read and complete this application form entirely, along with any notary signatures that are required. We are committed to providing a safe, fun and exciting experience. Also, please find and review the attached "Rules/regulations, and study guide".

Please make note that you will need to have a physical completed by a doctor. The medical forms are attached to the application. If you have any questions please do not hesitate to contact me.

Applications and fees are due by May 2, 2016!!!

Thank you,
Lt. W. Furman
Dunwoody Police Department
(678) 382-6920

Georgia Law Enforcement Explorer Academy

Application for Entry

Personal Information:

Name: _____
Last First Middle

Address: _____
Number Street Apt #

_____
City State Zip Code County

Phone Numbers: _____ _____
Home Work

_____
Cell

Driver License Number: _____

Circle: Male Female Race:_____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Email Address: _____

Shirt Size: S _____ M _____ L _____ XL _____

Medical Release Form

The undersigned, parents or guardians of_____, authorize a member of the Dunwoody Police Explorer Post #702, the Dunwoody Police Department, and/or one of the Advisors of the Dunwoody Police Explorer Post #702, to treat for injuries. This is to include transport and/or care at the local medical facility.

This form is for all activities the above Explorer will participate in during the Georgia Law Enforcement Explorer Academy. This authorization will remain effective until written withdrawal of consent or completion of the academy.

This form must be filled out entirely for an applicant to be considered for entry into the program.

_____ _____
Printed Parent or Guardian's Name Date

_____
Parent or Guardian's Signature

_____ _____
Insurance Company Notary

_____
Insurance Policy Number

_____
Name of Insured

GEORGIA LAW ENFORCEMENT EXPLORER ACADEMY

Emergency Contact Information Form

Insurance Company: _____ Policy Number:_____

Primary Card Holder's Name: _____

Parent(s) and/or Guardian(s):_____

Father/Male Guardian Mother/Female Guardian

Father/Male Guardian Mother/Female Guardian

Home Phone: _____ _____

Cell Phone: _____ _____

Work Phone: _____ _____

<u>Must provide at least two emergency contacts:</u>

Emergency Contact 1:
Name:_____ Relation:_____
Home:_____ Work:_____
Cell:_____

Emergency Contact 2:
Name:_____ Relation:_____
Home:_____ Work:_____
Cell:_____

Emergency Contact 3:
Name:_____ Relation:_____
Home:_____ Work:_____
Cell:_____

Emergency Contact 4:
Name:_____ Relation:_____
Home:_____ Work:_____
Cell:_____

GEORGIA LAW ENFORCEMENT EMPLOYER ACADEMY

Agency Information:

Name of Participating Agency _____
Address of Agency_____
Name of Adviser_____ Phone # (____)-_____
Advisor E-Mail Address: _____

Medical History:

Have you ever been hospitalized? YES NO
If YES, please explain:
_____
_____
_____

Do you currently take any long-term medication? YES NO
If YES, please explain:
_____
_____
_____

Do you suffer from any medical conditions? YES NO
If YES, please explain:
_____
_____
_____

Are you allergic to anything (including foods)? YES NO
If YES, please explain:
_____
_____
_____

Is there anything you feel is necessary for us to know? YES NO
If YES, please explain:
_____
_____
_____

Are there any dietary restrictions? YES NO
If YES, please explain:
_____
_____
_____

GEORGIA LAW ENFORCEMENT EXPLORER ACADEMY

Write a 250 word essay on "What Law Enforcement means to me."

GEORGIA LAW ENFORCEMENT EXPLORER ACADEMY

HOLD HARMLESS AGREEMENT

WHEREAS, the undersigned, _____ desires to participate in the Georgia Law Enforcement Explorer Academy.

NOW, THEREFORE, for and in consideration of the use of the premises, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby declare and agree to the following:

(a) agree and warrant that they do hereby release, defend, indemnify and save harmless the City of Dunwoody and Georgia Public Safety Training Center along with their officers, directors, employees, and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, restrictions, claims, demands, suits, actions, proceedings, damages, liabilities, deficiencies, judgments, levies, costs or expenses, including, but not limited to, attorney's fees and expenses of any kind and nature, including, but not by way of limitation, any claim for damages to property or injuries to or death of any person or persons relating to or arising from riding with a member of the City of Dunwoody Police Department or arising out of any activities in connection with the Explorer Academy, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Dunwoody;

(b) agree and warrants that they shall reimburse the City of Dunwoody and/or Georgia Public Safety Training Center for legal fees and other costs incurred in the City of Dunwoody's defense of such claims of litigation. The City of Dunwoody shall have the right to participate in the defense of any claims or litigation and shall have the right to approve any settlement;

(c) agrees that this release extends and applies to, and also covers and includes, all unknown, unforeseen unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived;

(d) acknowledge that the waiver hereby releases and discharges the City of Dunwoody and Georgia Public Safety Training Center, along with their officers, directors, employees and agents, of any and all claims, relating to any bodily and personal injuries or damages to property and the consequences thereof resulting from their participation in the Explorer State Academy and/or ride-along with the City of Dunwoody Police Department. The undersigned further covenants with the City of Dunwoody that they, their heirs, executors, assigns and transferees will never at any future time sue the City for or on account of any claim for damages arising out of their participation in the Explorer State Academy and/or ride-along with the City of

Dunwoody Police Department whether such claims arise by the negligence of the City of Dunwoody, its employees or agents, or by the negligence of any other participant;

WITNESS the hand and seal of the undersigned, this _____day of _____, 201 __.

"Undersigned":

_____

(sign here)

Signed, sealed, sworn to, and subscribed before the under-signed unofficial witness and notary public

_____

Unofficial Witness

_____

Notary Public

Commission Date:

GEORGIA LAW ENFORCEMENT EXPLORER ACADEMY

Academy Rules and Code of Conduct

1. Any injury or illness must be reported to staff immediately
2. No make-up will be worn by Recruits until graduation.
3. Cell phones will only be used during Recruit free time.
4. No tobacco products shall be brought to the Academy.
5. Male and female Recruits will not fraternize and will remain professional at all times.
6. Grooming standards: Males will keep hair short and trimmed, off the ears and collar. Females will keep hair off the collar, i.e. ponytail or bun. No extreme styles will be accepted.
7. No food will be brought by the Recruit**.**
8. Disrespect of fellow Recruits and staff will **NOT** be tolerated and will be dealt with accordingly which may include expulsion from the academy.
9. No criminal activity will be tolerated.
10. No weapons of any kind will be brought (i.e. pocketknives, batons, firearms, etc.)
11. Any Advisor or staff member reserves the right to dismiss a Recruit that is not within the guidelines of the program at any time.
12. All participants are expected to adhere to the Law Enforcement Code of Ethics and act in accordance with the ideals of the Exploring program.
13. All participants are expected to demonstrate courtesy and respect to other conference participants, university and conference staff, and visitors.
14. Explorers are expected to act and dress in a manner that will convey a positive reflection on their sponsoring agency and the Law Enforcement Exploring program. Participants are encouraged to wear their uniform, or other clothing articles that identify them as a Law Enforcement Explorer, as much as possible during the conference.
15. Explorers are expected to demonstrate integrity and good sportsmanship during competitive activities.
16. Explorers are responsible for ensuring their dormitory rooms are maintained in a reasonably clean and orderly manner, for securing personal possessions and keeping door locked when not in the room.

Please read and sign:

All information that I have given on this application is the truth and it contains no falsification or misrepresentations, I also understand that any falsehood or half-truth discovered by the Dunwoody Police Department will be grounds for termination or denial into the explorer program. I also understand that all the information contained in this application will be held confidential.

For value received, I hereby consent to the use of my (or his/her) name, voice and/or pictures by the Georgia Law Enforcement Explorer Academy, and/or any movie, news, or broadcasting companies or their licensees for broadcasting, direct exhibition, and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said Explorer of any product or service. I hereby agree to indemnify Georgia Law Enforcement Explorer Academy and my local Learning for Life office, officers, employees, agents, or their representatives, and any other person working under the director or engaged in the conduct of their affairs, said movie or broadcasting companies and their licensees representing any claim arising out of my or said Explorer's acts or statements. I have read the Code of Conduct and agree to the rules and regulations therein.

_____ _____

Applicant's Signature Date

_____

Parent/Guardian's Signature

Reviewed by:

_____ _____

Advisor Signature Date

Study Guide
To be memorized prior to academy

The Explorer Creed:

I am A POLICE EXPLORER. ONE DAY I will take an oath and become a POLICE OFFICER committed to defending the values which make this nation great. Honor is my shield. I understand mission first and people always.

I am the past – the spirit of those POLICE OFFICERS who have made the ultimate sacrifice.

I am the present – the scholar and apprentice POLICE OFFICER enhancing my skills in the science of POLICE WORK and the art of leadership.

But above all, I am the future – the future POLICE OFFICER AND leader of ANY POLICE DEPARTMENT I serve. May God give me the compassion and judgment to lead WITH HONOR. NOT Only TO SERVE WITH HONOR BUT TO HONOR THOSE I SERVE WITH. I will do my duty.

TEN DEADLY ERRORS

1. FAILURE TO MAINTAIN PROFICIANCY AND CARE OF WEAPON, VEHICLE AND EQUIPMENT
2. IMPROPER SEARCH AND USE OF HANDCUFFS
3. SLEEP OR ASLEEP
4. RELAXING TOO SOON
5. MISSING THE DANGER SIGNS
6. TAKING A BAD POSITION
7. FAILURE TO WATCH THEIR HANDS
8. TOMBSTONE COURAGE
9. PREOCCUPATION
10. APATHY

CORE VALUES

Service

Providing excellent quality service to the community is our primary duty. We are committed to faithfully and selflessly performing our duties while striving to be responsive, effective, and dependable. We are dedicated to enhancing public safety and reducing the fear and the incidence of crime. We will work in partnership with the people in our community to solve problems that effect public safety and the quality of life in our community. We are dedicated to working in partnership with the public to achieve our goal of making our community a safe and inviting place.

Integrity

We believe integrity is a cornerstone of our profession. We value ethical conduct, public trust, and commit ourselves to personal and professional excellence. We are people of character and principle. We do what is right, even when no one is looking. We are committed to upholding our position of public trust and to conduct ourselves responsibly by maintaining the highest moral and ethical standards. We are uncompromising in our commitment to truth, honesty, and respect in all relationships. We hold ourselves accountable for our actions and inactions, and are open and honest in our dealings with each other. We have the courage to do what is right and to stand against what is wrong.

Courage

Courage is that quality of mind and spirit that enables us to confront and overcome the challenges of danger and adversity without fear of personal consequences. Courage is bravery, and bravery gives us strength not only to do something, but to do something right. Our courage derives from our commitment to training, education, and trust in one another. We recognize the hazards inherent in our profession and are willing to place the safety of others above that of ourselves. We shall not hesitate to step forward and protect those who cannot protect themselves. We must have the courage to stand up for what we believe is right and to have the courage to admit when we are wrong. We proudly serve with the courage necessary to meet the demands of our profession and the mission for which we are entrusted.

Professionalism

Professional service is embodied in our commitment to proficiency, competency, reliability, and excellence in all aspects of our conduct and performance. We believe in the social value of our work, considering it to be among the most noble of vocations, deriving personal satisfaction from the effective performance of our duties. We reject complacency and are dedicated to continually pursuing the highest levels of knowledge, skills, and expertise. Our actions are guided by the Law Enforcement Code of Conduct. We value the diversity of people in our community and will serve all with equal

dedication, respect, fairness, and compassion. We believe in the selfless virtue of placing duty before self with the willingness to accept personal sacrifice for the greater good. We proudly pledge to fulfill our mission by being accountable to our community, our Department, and to each other.

Respect

We are committed to respecting the constitutional rights, liberties, and worth of all members of the community and the Department. We respect the laws which we are required to enforce and the democratic process. We do these things with dignity and honor. Because we are entrusted with private matters of citizens and our peers, we strive to gain and maintain the confidence of those we come into contact with, both professionally and personally. We value life and safety. We are committed to serve and treat all human beings with the utmost sensitivity, compassion and concern. We value the diversity of people in our community and serve all with equal dedication, respect and fairness.

Teamwork

We are committed to providing a work environment that fosters teamwork within our organization which will help facilitate the achievement of shared goals and objections. The concept of teamwork is important to the success of our organization. To that end, we will work together as a team with other City departments, the community we serve and other law enforcement agencies in Georgia and across our nation.

MIRANDA WARNING

1. YOU HAVE THE RIGHT TO REMAIN SILENT..

2. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.

3. YOU HAVE THE RIGHT TO TALK TO A LAWYER AND HAVE HIM/HER PRESENT WITH YOU WHILE YOU ARE BEING QUESTIONED.

4. IF YOU CANNOT AFFORD TO HIRE A LAWYER, ONE WILL BE APPOINTED TO REPRESENT YOU BEFORE ANY QUESTIONING, IF YOU WISH

5. YOU CAN DECIDE AT ANY TIME TO EXERCISE THESE RIGHTS AND NOT ANSWER ANY QUESTIONS OR MAKE ANY STATEMENTS.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU?

WITH THESE RIGHTS IN MIND, DO YOU WISH TO MAKE ANY STATEMENTS OR ANSWER ANY QUESTIONS AT THIS TIME?

Learning for Life Annual Health and Medical Record

(Valid for 12 calendar months)

Policy on Use of the Learning for Life Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, Learning for Life recommends that everyone who participates in a Learning for Life event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this form will help ensure you meet the minimum standards for participation in various activities. Note that adult leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all Learning for Life events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

Part C is the physical exam that is required for participants in any event that exceeds 72 consecutive hours or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed heath-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the post more than 30 minutes away from an emergency vehicle, accessible roadway, or to remote areas.

Risk Factors

Based on the vast experience of the medical community, Learning for Life has identified that the following risk factors may define your participation in various outdoor activities.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit the Safety First Guidelines on www.learningforlife.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. An adult leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but Learning for Life does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Annual Learning for Life Health and Medical Record
Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male ☐ Female ☐

Address _____ Grade completed (youth only) _____

City _____ State _____ Zip _____ Phone No. _____

Adult leader _____ Council name/No. _____ Post No. _____

Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____

Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____

Address _____

Home phone _____ Business phone _____ Cell phone _____

Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes ☐ No ☐
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

_____

Immunizations:

The following are recommended by Learning for Life. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
☐	☐	**Tetanus** _____
☐	☐	Pertussis _____
☐	☐	Diphtheria _____
☐	☐	Measles _____
☐	☐	Mumps _____
☐	☐	Rubella _____
☐	☐	Polio _____
☐	☐	Chicken pox _____
☐	☐	Hepatitis A _____
☐	☐	Hepatitis B _____
☐	☐	Influenza _____
☐	☐	Other (i.e., HIB) _____

☐ Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Learning for Life's Safety First Guidelines.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____

Administration of the above medications is approved by (if required by your state): _____/_____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Full name: _____ DOB: _____ Allergies: _____ Emergency contact No.: _____

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

I understand that participation in Learning for Life activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Learning for Life, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with Learning for Life volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Learning for Life activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

☐ Without restrictions

☐ With special considerations or restrictions (list) _____

_____

TALENT RELEASE AGREEMENT

I hereby assign and grant to Learning for Life the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by Learning for Life, and I hereby release Learning for Life from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Learning for Life, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS

You must designate at least one adult. Please include a telephone number.

1. Name _____ Telephone _____
2. Name _____ Telephone _____
3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____
2. Name _____
3. Name _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____
(if participant is under the age of 18)

Second parent/guardian signature _____ Date _____
(if required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part C

TO THE EXAMINING HEALTH-CARE PROVIDER (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Learning for Life experience.

PHYSICAL EXAMINATION

Height (inches) _____ Weight (pounds)_____ Maximum weight for height _____ Meets height/weight limits ☐ Yes ☐ No
Blood pressure _____ Pulse _____ Percent body fat (optional)_____

If you exceed the maximum weight for height as explained on this page and your planned activity will take you more than 30 minutes away from an emergency vehicle–accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				**Other**	**Yes**	**No**	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			**Explain**
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for camp staff)				☐ Negative ☐ Positive			

Allergies (to what agent, type of reaction, treatment): _____

Restrictions (if none, so state) _____

EXAMINER'S CERTIFICATION

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Learning for Life experience. This participant (with noted restrictions above)

True False

- ☐ ☐ Meets height/weight requirements
- ☐ ☐ Does not have uncontrolled heart disease, asthma, or hypertension
- ☐ ☐ Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from their orthopedic surgeon or treating physician
- ☐ ☐ Has no uncontrolled psychiatric disorders
- ☐ ☐ Has had no seizures in the last year
- ☐ ☐ Does not have poorly controlled diabetes
- ☐ ☐ If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

Provider printed name _____

Address _____

City, state, zip _____

Office phone _____

Signature _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

DO NOT WRITE IN THIS BOX

REVIEW FOR CAMP OR SPECIAL ACTIVITY
Reviewed by _____ Date _____
Further approval required ❑ Yes ❑ No Reason _____
By _____ Date _____

Part C **Full name:** _____ **DOB:** _____

WHAT TO BRING

All items in *italic* are preferred but not required. If your Explorer is missing some of the things on the list, please give me a call. We may be able to provide some of these items.
Gear:

- Pillow
- Toiletries (toothbrush, toothpaste, shower supplies, razor, shaving cream, deodorant)
- Black uniform boots (black shoes are not acceptable)
- Shoe shine kit *(wax & cotton balls)*
- Duty belt with holster, 4 X belt keepers, handcuffs, handcuff key, blue or red gun, flashlight (with charger or spare batteries)

Clothing:

- 3 plain grey T-shirts (no silk screen or printing on them)
- 2 or more pair of black shorts/sweat pants for morning PT (no silk screen or printing on them)
- 1 or more pair of grey, black or dark blue BDU pants
- 1 pair of **khaki business pants. (No skin tight pants!!!)**
- Running shoes
- Personal items (socks, underwear, etc)
- Personal off duty clothes (jeans, t-shirts, etc.) ***These clothes must be appropriate! i.e. no short shorts, offensive printed t-shirts, etc.***
- Clothes to sleep in, which also **MUST BE APPROPRIATE AND WORN AT SLEEP TIME!**

If you have any questions or problems locating these items, please give me a call or email. We will be providing the t-shirts and a ball cap for the Explorers to wear during classroom time as well as their polo shirt for graduation. The khaki pants will also be worn at graduation. We will also provide water bottles.