



Received: _____	Initials: _____
Posted: _____	Initials: _____
Class#: _____	Bdlg: _____ Room: _____

Explorer and Advisor Registration/Medical Form 2019 Session

Please note that we must have the **original** form. (Some hospitals will not accept copies).

To be completed by every Explorer and Advisor in attendance at the Academy.

REQUIRED INFORMATION IS MANDATORY for acceptance into the Academy.

Incomplete applications **will not** be processed.

PARTICIPANT INFORMATION

Required: Registering as: Explorer____ Youth leadership____ Advisor____ Civilian*____ SSN#____ Male/Female____ Age____ Birth Date____/____/____ Level (# years previously attended)____

Last name	First name	MI	()	Area code	Phone
Address	City	State	Zip		

Name of Advisor in attendance at Academy who has agreed to be responsible for this Explorer. _____

(All participants are housed at Keesler Air Force Base during the Explorer Academy. **Note:** Advisors must be 21 years of age or older, Male Advisors for Male Explorers and Female Advisors for Female Explorers). *Civilians (non-law enforcement participants) must consent to a background check before attending the Academy.

Medical Information: Check all items that apply, past or present, to your health history. Explain any "yes" answers.

Allergies: Food, plants, insect bites Yes____ No____ Explain: _____

General Information:

	Yes	No		Yes	No		Yes	No
Asthma			Convulsions/Seizures			Hemophilia		
ADHD			Diabetes			High Blood Pressure		
Cancer/Leukemia			Heart Trouble			Kidney Disease		

Explain: _____

List any medications to be taken at Academy. (Attach sheet for details):

List ALL medications taken in the 30 days prior to arrival at the Academy: _____

List any physical or behavioral conditions that may affect or limit full participation at the Academy: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc: _____

Immunizations (date of last inoculation):

Chicken Pox		Lyme Disease(not required)		Pertussis		Rubella	
Diphtheria		Measles		Polio		Tetanus Toxoid	
Hepatitis B(not required)		Mumps					

PARENT/GUARDIAN INFORMATION:

Name of parent/legal guardian _____ Telephone:(____) _____
Home address _____ Cell phone:(____) _____
City _____ State _____ Zip _____
Business address _____ Telephone:(____) _____
City _____ State _____ Zip _____

INSURANCE INFORMATION/MEDICAL RELEASE FOR HOSPITAL:

Name of personal physician _____ Telephone:(____) _____
Personal health/accident insurance carrier _____ Policy #: _____

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse, or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the Advisor in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Signature of parent/guardian/adult participant _____ Date _____

Sworn to and subscribed before me this _____ day of _____ 200_____

SEAL

Notary

My Commission Expires

IN CASE OF EMERGENCY DURING ACADEMY, NOTIFY:

Name _____ Relationship _____
E-mail address _____
Street address _____ City _____ State _____ Zip _____
(____) _____ (____) _____ (____) _____
Area code Day phone Area code Evening phone Area code Pager/mobile

If person named above is not available in the event of an emergency, notify:

Name:	Relationship:	Telephone:	Cell phone:

This page is mandatory. It must be acknowledged and notarized.

(To be completed by all Explorers, Advisors, and parents/guardians)

****Non-Law Enforcement authorization for background check:***

I, _____, hereby give the Southeastern Law Enforcement Explorer Academy permission to conduct background checks using the following information I have provided. Any information obtained will be placed in my Academy file. I am aware that any information obtained that would cause concern to the Academy may be grounds for refusal of my application. I swear the information I have provided is true and accurate to the best of my knowledge.

Date _____ Signature _____

STATEMENT OF UNDERSTANDING AND SIGNATURES:

I certify to the accuracy of the foregoing information and that I am in good health and know of no personal physical limitations that would prevent my full participation in the Academy. I have read the Code of Conduct, and agree to the Rules and Regulations therein. If I am younger than 18 during my participation, I will be responsible to my adult Advisor. In the event of illness or injury occurring to me or to my son/daughter (if applicant is younger than 18) during attendance at the Academy, I do hereby consent to whatever x-ray examination, anesthesia, medical or surgical diagnostic procedure, or treatment is considered reasonable and necessary in the best judgment of the attending licensed physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I understand that in the event of a serious illness or injury, reasonable efforts to notify those listed in case of emergency will be attempted.

For value received, I hereby consent to the use of my (or his/her) name, voice and/or pictures by Southeastern 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 Southeastern Law Enforcement Explorer Academy, directors, staff, 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.

Liability Waiver:

I, _____, parent, legal guardian of _____, acknowledge that cycling, repelling, as well as the police tactics scenarios, including firearm training are inherently dangerous activities, which I agree for my son/daughter to participate in at his/her own risk and that the Southeastern Law Enforcement Explorer Academy is a youth development program using very strong military style training both physical and mental, the effects of which are beneficial to my son/daughter. In consideration of the agreement of the Southeastern Law Enforcement Explorer Academy to accept my son/daughter into its training development program, hereby on behalf of my son/daughter, myself, my heirs, assigns, and personal representatives, I release and forever discharge the Southeastern Law Enforcement Explorer Academy, the Biloxi School System its employees, agents, members, sponsors, promoters, host departments and affiliates from all liability, claim, loss, cost or expense, and waive and promise not to sue on any

Such claims against any such person or organization or agency, arising directly or indirectly from or attributable in any legal way to any negligence, action, or omission to act of any such person, organization or agency in connection with sponsorship, organization or execution of any police, security, military or emergency medical service training or sporting event including travel to and from such event, in which my son/daughter may participate as a rider an/or student, member or spectator. Currently, to my knowledge, my son/daughter has no physical or mental condition that would impair their capability for full participation as intended or expected of my son/daughter (except for) _____

I also acknowledge that my son/daughter's participation or payment for participation does not guarantee that he/she will complete or graduate from the training that he/she is about to receive and that he/she will not be entitled to _____ a _____ refund.

APPLICANT _____ DATE _____
PARENT/GUARDIAN _____ DATE _____
ADVISOR _____ DATE _____

Sworn to and subscribed before me this _____ day of _____ 20____

SEAL

NOTARY

MY COMMISSION EXPIRES

ACADEMY CODE OF CONDUCT

1. The post adult leadership (Explorer Advisor) will be advised of any infractions of discipline, Code of Conduct, and Rules and Regulations that could lead to the dismissal of his/her Explorer from the Academy. The Explorer Advisor will be responsible for maintaining discipline, and security of the Explorer, should such infraction cause the Explorer to be dismissed from the Academy by the Academy Discipline Review Board and remove the Explorer from the Academy as expediently as possible. All fees paid on behalf of this Explorer will be forfeited to the Southeastern Law Enforcement Explorer Academy.
2. Adults are prohibited from having firearms in their possession or in their vehicle on the military base in accordance with Biloxi School System and local and state laws.
3. All participants will set good examples by keeping themselves neatly dressed and presentable following the Dress Code of the Academy.
4. Explorers are expected to attend all scheduled sessions and activities as required. Physical training is mandatory at the Academy.
5. In consideration of other Academy participants, Explorers should be in their rooms and quiet from 10p.m. until they are awakened by the Academy staff, unless otherwise directed by the Academy staff. No male Explorers are allowed **at any time** in female housing areas or vice versa.
6. Explorers will be responsible for keeping their rooms locked (when unoccupied), clean and neat. They are expected to adhere to all Academy policies and regulations and do their share to prevent littering of the base, classrooms and grounds.
7. The purchase, possession, and consumption of alcoholic beverages or illegal drugs by youth participants is not permitted. This standard applies to all participants, both youth and adult, for illegal drugs.
8. Gambling in any form is not permitted.
9. Possession of firearms or fireworks is prohibited.
10. Explorers will demonstrate respect for base property and be personally responsible for cleanliness and any loss, including the loss of housing keys, breakage, or theft of property. Any fees incurred for replacement of keys, any damages to property or extra cleaning fees incurred by Explorers and paid by SLEEA will be reimbursed to SLEEA before the Explorer can graduate.
11. Neither the Biloxi School System, nor SLEEA, will be responsible for the loss, breakage, or theft of personal items. Items of value should be left at home or given to the Advisor for the duration of the Academy.
12. Advisors and Explorers will be guided by the Academy's Code of Conduct, the Code of Ethics, Rules and Regulations and will obey all local and state laws. Serious violations of this code may result in expulsion, at the participant's own expense, from the Academy. All decisions by the Academy Discipline Review Board are final.
13. The Zero Tolerance Policy must be signed by all participants in designated areas to ensure that all parties clearly understand the policy.
14. The Post or contingent must obtain the appropriate Learning for Life outing permit, either the local permit (for trips less than 500 miles) or the national permit (for outings 500 miles or more).

INSTRUCTIONS/CHECK LIST:

Complete a Health and Registration Form for each participant – Adult or Explorer.

The Advisor should collect the completed forms and check that all information is complete.

Incomplete applications will not be processed.

Mail the *original* and completed forms for each Explorer and Adult to:

Southeastern Law Enforcement Explorer Academy

Southeastern Law Enforcement Explorer Academy,

170 Porter Ave. Biloxi MS 39530

The forms are due by the deadline date.

What to look for:

It's so easy to overlook some little details when completing the paperwork necessary to operate our Academy. Therefore, please find below the most common items overlooked when filling out registration forms.

1. Name of Advisor – required for Explorer forms only.
2. **Page 3** is mandatory and must be completed in its entirety.
 - a. Non-Law Enforcement authorization for background check – must be signed by anyone who is not a sworn law enforcement officer.
 - b. Statement of Understanding and signatures
 - c. Liability Waiver
 - d. Parent signatures – A parent or guardian signature is required for Explorers under 18 years of age on page 2 (inside box) for emergency medical care and on page 3 under the “Statement of Understanding” and “Liability Waiver”.
3. Required information – This information must be on the application. It is required for admission.
4. Mail the original – The original is required if hospital care is needed.