



Received: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Posted: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Class#: \_\_\_\_\_ Bdlg: \_\_\_\_\_ Room: \_\_\_\_\_

## Explorer/Cadet and Advisor/Mentor Registration/Medical Form 2023 Session

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

To be completed by every Cadet and Advisor/Mentor 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: Cadet \_\_\_\_\_ 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 Cadet. \_\_\_\_\_

(All participants are housed at a Military Base during the Explorer Academy. **Note:** Advisors must be 21 years of age or older, Male Advisors for Male Cadets and Female Advisors for Female Cadets). \*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 \_\_\_\_\_ 202\_\_\_\_\_

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 and/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 (Cadet 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 Cadet 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 Cadet from the Academy as expediently as possible. All fees paid on behalf of this Cadet 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. Cadets 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, Cadets 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 Cadets are allowed **at any time** in female housing areas or vice versa.
6. Cadets 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. Cadets 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 Cadets 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 Cadets 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.

## INSTRUCTIONS/CHECK LIST:

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

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 Cadet 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.

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## 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 Cadet 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.