Applications Due Date: May 1, 2020

The Nathan M. Wolfe Law Enforcement Cadet Academy will be held at the South Carolina Criminal Justice Academy, 5400 Broad River Road, Columbia, SC, June 20, 2020 to June 26, 2020. The cost per cadet will be $200.00 and each cadet will pay a $50.00 registration fee to be sent with the application for a total of $250.00.

Cadets must be high school students of good character, age 15 to 18 who have not reached the age of 19 by June 1, 2020 who will return to their communities with a better understanding of our state's law enforcement system. The program is educational as well as entertaining. We are pleased to announce that sixty-five (65) cadets can be accommodated for this program. Complete the forms below with the application, health forms, ID & all four permission forms and the full fee of $250.00 and return it to Department Headquarters by May 1, 2020.

The cadets will be housed at the South Carolina Criminal Justice Academy. The staff and counselors are members of law enforcement agencies. In interviewing prospective cadets, be sure he/she understands that they will not be allowed to leave the Academy during that week. A counselor will be with the cadets at all times. Cadets will not be allowed to have a car as parking is limited. Posts should make sure the cadets have transportation to and from the Academy.

Registration will be held from 1:00 p.m. – 2:00 p.m. on Saturday, June 20, 2020, at the South Criminal Justice Academy. Graduation will be held on Friday, June 26, 2020 at 1:00 pm in the gym at the SC Criminal Justice Academy. Parents and American Legion Post members are invited to attend.

It cannot be emphasized too much what a fine program this is. Each year the curriculum expands and improves. Your Post is encouraged to see that some young person in your area will have the opportunity to benefit by attending this year. The application and information can be found at www.scarolina legion.org under the programs link- Law Cadet.
RETURN COMPLETED
APPLICATION BY MAY 1, 2020

Nathan M. Wolfe Law Enforcement Cadet Academy
Sponsored by
The American Legion Department of South Carolina
In cooperation with
Local and State Law Enforcement Agencies

Please return application with ALL fees, health forms, copy of drivers license or drivers permit if available, copy of health insurance card and all three permission forms to:
The American Legion Department of SC
103 LEGION PLAZA ROAD
Columbia, SC 29210 –

information packet can be downloaded at www.scarolinalegion.org

Only completed applications will be accepted

Name: __________________________________________________________________
Last    First    MI
Preferred name (nickname) ____________________  Sponsoring Post#: __________________

Address: ________________________________________________________________
Street     city  state  zip

Telephone: (_____) _____________ Cell (____) ______________

Email ________________________________________________

Height: ______ Weight: ______  Date of Birth: ____________ Age: __________

T-shirt size (based on men’s size)
small    medium    large    x-large    xx-large    xxx-large

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Mothers Name: ____________________________________________________________
Address: __________________________________________________________________
Telephone: home __________ work ________________ cell ____________

Fathers Name: ____________________________________________________________
Address: __________________________________________________________________
Telephone: Home __________ Work ________________ Cell ____________

This application will not be accepted without the signature of the Principal, Senior Counselor or Senior School official.

Date application submitted: ______________

High school/Homeschool group: ____________________________________________

Principal, Senior Counselor or Senior School Official
Recommendation: ___________________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

Signature: ____________________________________________

Name and Title: _______________________________________

Address: ____________________________________________

Phone number: _______________________________________

Sponsoring Post Approval: ________________________________

Signature  Date

(Post Commander or Adjutant)
Physicals that will not expire until 6/26/20 will be accepted

**Cadet Academy Health and Medical Record**

**Part A**

**GENERAL INFORMATION**

Name __________________________ Date of birth __________ Age ________ Male [ ] Female [ ]

Address ____________________________________________________________ Grade completed ______

City __________________________ State ______ Zip __________ Phone No. ______

Social Security No. (Optional; may be required by medical facilities for treatment) __________________________

Health/accident insurance company __________________________ Policy No. __________________________

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

In case of emergency, notify: Name __________________________ Relationship __________________________

Address ____________________________________________________________

Home phone __________ Business phone __________ Cell phone __________

Alternate contact __________________________ Alternate's phone __________

**MEDICAL HISTORY**

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Asthma</td>
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<td></td>
<td></td>
<td>Diabetes</td>
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<td></td>
<td></td>
<td>Hypertension (high blood pressure)</td>
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<td></td>
<td>Heart disease (i.e., CHF, CAD, MI)</td>
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<tr>
<td></td>
<td></td>
<td>Stroke/TIA</td>
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<td></td>
<td></td>
<td>COPD</td>
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<td></td>
<td></td>
<td>Ear/sinus problems</td>
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<tr>
<td></td>
<td></td>
<td>Muscular/skeletal condition</td>
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<td></td>
<td></td>
<td>Mental health problems (women only)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Psychiatric/psychological and emotional difficulties</td>
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<td></td>
<td></td>
<td>Learning disorders (i.e., ADHD, ADD)</td>
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<td></td>
<td></td>
<td>Bleeding disorders</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Fainting spells</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Thyroid disease</td>
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<td></td>
<td></td>
<td>Kidney disease</td>
<td></td>
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<td></td>
<td></td>
<td>Sickle cell disease</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Seizures</td>
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<td></td>
<td></td>
<td>Sleep disorders (i.e., sleep apnea)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Gastrointestinal problems (i.e., abdominal, digestive)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serious injury</td>
<td></td>
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<td></td>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Allergies or Reaction to:**

Medication __________________________ Food, Plants, or Insect Bites __________________________

**Immunizations:**

The following are recommended. Tetanus immunization 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Frequency</th>
<th>Approximate date started</th>
<th>Reason for medication</th>
</tr>
</thead>
</table>

Distribution approved by: Parent signature __________________________ MD, DO, NP, or PA Signature __________________________

Temporary [ ] Permanent [ ]

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Frequency</th>
<th>Approximate date started</th>
<th>Reason for medication</th>
</tr>
</thead>
</table>

Distribution approved by: Parent signature __________________________ MD, DO, NP, or PA Signature __________________________

Temporary [ ] Permanent [ ]

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Frequency</th>
<th>Approximate date started</th>
<th>Reason for medication</th>
</tr>
</thead>
</table>

Distribution approved by: Parent signature __________________________ MD, DO, NP, or PA Signature __________________________

Temporary [ ] Permanent [ ]

**NOTE:** Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.
### Part B

**PHYSICAL EXAMINATION**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
<th>Explain Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Explain Any Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes</td>
<td></td>
<td>Knees (both)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td>Ankle (both)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td>Spine</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Throat</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td>Other</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td>Contacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td>Dentures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital</td>
<td></td>
<td>Braces</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td>Inguinal hernia</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Emotional adjustment</td>
<td>Medical equipment (i.e., CPAP, oxygen)</td>
<td>Explain</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Tuberculosis (TB) skin test  □ Negative □ Positive

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

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I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- □ Hiking and camping
- □ Competitive activities
- □ Backpacking
- □ Swimming/water activities
- □ Climbing/rappelling
- □ Sports
- □ Running
- □ Scuba diving
- □ Exercise
- □ Challenge ("ropes") course
- □ Hot-weather activity
- □ Wilderness/backcountry treks

Specify restrictions (if none, so state):

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Certified and licensed health-care providers recognized to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

To Health Care Provider: Restricted approval includes:
- □ Uncontrolled heart disease, asthma, or hypertension.
- □ Uncontrolled psychiatric disorders.
- □ Poorly controlled diabetes.
- □ Orthopedic injuries not cleared by a physician.
- □ Newly diagnosed seizure events (within 6 months).
- □ For scuba, use of medications to control diabetes, asthma, or seizures.

Provider printed name __________________________ Signature __________________________

Address __________________________

City, state, zip __________________________

Office phone __________________________ Date ____________

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.
NATHAN M. WOLFE LAW ENFORCEMENT  
CADET ACADEMY  

PERMISSION TO PARTICIPATE  

I DO HEREBY GIVE MY PERMISSION FOR MY SON/DAUGHTER OR LEGAL WARD TO PARTICIPATE IN ALL ACTIVITIES INVOLVED IN THE AMERICAN LEGION NATHAN M. WOLFE LAW ENFORCEMENT CADET ACADEMY TO INCLUDE:  

• ASSORTED EXERCISES  
• SPORTS ACTIVITIES  
• BOATING SAFETY  
• DRIVING COURSE  
• FIREARMS  

AND ANY OTHER ACTIVITIES OF THE PROGRAM, ALL OF WHICH WILL BE SUPERVISED BY CERTIFIED PERSONNEL IN THAT FIELD.  

____________________________________  
SIGNATURE:_____________________________________________________________  

CADET: _________________________________________________________________  

ADDRESS: _______________________________________________________________  
_______________________________________________________________  

TELEPHONE: ______________________ DATE ______________________
THE AMERICAN LEGION
NATHAN M. WOLFE LAW ENFORCEMENT
CADET ACADEMY

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for being allowed to participate voluntarily in The American Legion Nathan M. Wolfe Law Enforcement Cadet Academy, I hereby release the S. C. Criminal Justice Academy, S. C. Law Enforcement Division, S. C. Department of Natural Resources, S. C. Department of Corrections, S. C. Department of Public Safety, S. C. Highway Patrol, Lexington County Sheriff’s Department, Lexington Police Department, University of South Carolina Police Department, Lancaster Police Department, Batesburg-Leesville Police Department, Berkeley County Sheriff’s Department, North Augusta Department of Public Safety, Cayce Department of Public Safety, South Carolina Law Enforcement Officers Association, South Carolina Sheriff’s Association, Lexington County Law Enforcement Officers Association, Lexington County Aging and Recreation Authority, Art Smart Academy of Irmo, American Legion, Department of South Carolina, Federal Bureau of Investigation of South Carolina and the Charleston County Aviation Authority from any and all liabilities or claims arising from my own participation. I agree that I will never prosecute or in any way aid in prosecuting any person or property that may occur from any cause whatsoever as a result of taking part in this activity.

_________________________________________  Date ____________
Signature of Participant

FOR MINOR CHILD

I, ______________________________________, parent/legal guardian of the above said minor child, consent to his or her taking part in this morale support activity. I will abide by the above.

_________________________________________  Date ____________
Dear Parent,

On ______________________ the participants from The American Legion Law Cadet Academy will be given an opportunity to take part in shotgun and/or rifle firing with the SC Department of Natural Resources (SCDNR) Hunter Education Section. This exercise will be conducted by law enforcement officers from the Hunter Education Section of the SCDNR. Please sign the permission form below if you wish for your child to participate in this exercise.

HUNTER EDUCATION
LIVE FIRE PERMISSION FORM

I, ________________________________, give permission for
(print)
________________________________ or, if over 18, I agree participate in shotgun
(print)

And/or rifle firing to be conducted at __________________________ as a part of The American Legion Nathan M. Wolfe Law Enforcement Cadet Academy. I understand that this live fire exercise will include the use of shotguns and/or rifles with live ammunition under qualified supervision.

I release the Department Of Natural Resources and its instructors from any liability.

________________________________
Signed
__________________
Date

I ________________, do not wish for ________________________________

To participate in the live fire exercise; however, I will allow my child to observe.

__________________
Signed
__________________
Date