NATHAN M. WOLFE LAW ENFORCEMENT CADET ACADEMY
Working Together Since 1973

APPLICATIONS DUE DATE: MAY 1, 2021

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 26, 2021 to July 2, 2021. 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, 2021 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, 2021.

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 10:00 am. –12:00 pm. on Saturday, June 26, 2021, at the South Criminal Justice Academy. Graduation will be held on Friday, July 2, 2021 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.scarolinalegion.org under the Programs Link- “The American Legion Nathan M. Law Enforcement Cadet Academy”
RETURN COMPLETED
APPLICATION BY MAY 1, 2021

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 _____
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 7/2/21 will be accepted
### Part B

**PHYSICAL EXAMINATION**

<table>
<thead>
<tr>
<th></th>
<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>
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</thead>
<tbody>
<tr>
<td>Eyes</td>
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<td></td>
<td>Knees (both)</td>
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<tr>
<td>Ears</td>
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<td>Ankles (both)</td>
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<td>Nose</td>
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<td>Spine</td>
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<td>Lungs</td>
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<td>Other</td>
<td>Yes</td>
<td>No</td>
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<td>Heart</td>
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<td>Contacts</td>
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<td>Abdomen</td>
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<td>Dentures</td>
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<td>Genitalia</td>
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<td>Braces</td>
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<td>Skin</td>
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<td>Inguinal hernia</td>
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<td>Emotional</td>
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<td>Medical equipment</td>
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<td>adjustment</td>
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<td>(i.e., CPAP oxygen)</td>
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<td>Tuberculosis (TB) skin test</td>
<td>□ Negative □ Positive</td>
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**Allergies** (to what agent, type of reaction, treatment):

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):

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 each and every counselor individually, as well as each counselor’s employer, or supporting agency, whether named specifically herein or not, and the agencies’ principals, employees, agents and assigns 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________________
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