



## 2018 MULTI-JURISDICTIONAL LAW ENFORCEMENT EXPLORER ACADEMY

The Pinellas County Sheriff's Office, St. Petersburg Police Department, Pinellas Park Police Department, Gulfport Police Department, and St. Petersburg College are hosting an exciting and educational experience for the youth in Pinellas County. The academy offers youth insights into how law enforcement performs their duties and how law enforcement serves the community.

### **Requirements:**

- Open to young men and women between ages of 14-18 years old
- Currently enrolled and attending high school in Fall 2018
- Pass a background check
- Complete the application and turn or mail in. Post marked by May 1, 2018.
- Must be in good physical and mental health. Be able to successfully perform the physical exercises
- Pack a lunch and drinks each day except graduation day
- Cost is \$50 (non-refundable) which covers Graduation Day and supplies throughout the academy
- Long pants/jeans, "plain" any color T-shirt, closed toed shoes (Gym clothes will be required on certain days)

### **Information:**

Dates: Week 1: May 30 - June 1

Week 2: June 5 - June 8

Time: 8:30am - 4:30pm

Graduation: June 8<sup>th</sup>, 3:00pm-4:30pm

Location: St. Petersburg College – Allstate Center 3200 34<sup>th</sup> Street South, St. Petersburg

\*Shuttles can be provided from different areas in Pinellas County.

\*T-shirt will be provided on Graduation Day.

\*Only 35 seats available

\*An officer will be in contact to confirm applicant's position

### Checklist:

- Application
- T-Shirt Size (mark on the application)
- Release and Hold-Harmless Agreement (Requires notarization)
- Pinellas County Sheriff's Office - Firearms Range - Waiver of Liability and Release
- Learning for Life and Exploring Annual Health and Medical Record (Parts A and B)  
Note: attach a copy of the shot records
- City of St. Petersburg – Resident/Non-Resident Program Registration Application
- \$50 – non-refundable ---- see information below

Mail application, release/hold-harmless agreement, photo/media release, Pinellas County Sheriff's Office (Firearms Range) waiver, Annual Medical Record, and \$50 (non-refundable - not recommended to send cash in the mail) to:

**St. Petersburg Police Department**  
**C/O Officer Janie Staples – Training Division**  
**1300 1<sup>st</sup> Avenue North**

**St. Petersburg, Florida 33705**

**Checks payable to:** St. Petersburg Police Explorer Post #980

Contact Information:

Officer Janie Staples (727)892-5082 or Deputy Aly Towne (727)534-8016

# 2018 Multi-Jurisdictional Law Enforcement Explorer Academy APPLICATION

**All questions must be answered. If something does not apply please indicate N/A.**

**Note:** If there are any un-answered questions on this application the application, will be **rejected.**

**Shirt size: S M L XL XXL (Please circle one)**

Applicant Name: \_\_\_\_\_  
Last (Jr, II, III, etc.)
First
Middle (Full)

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ (M/F)

Address: \_\_\_\_\_  
City, State
Zip Code

Phone: \_\_\_\_\_  
Home
Cell
Other

Current School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School attended: \_\_\_\_\_

Applicant E-Mail Address: \_\_\_\_\_  
 (Please write legible)

Previously arrested: Yes or No (Circle One) If so, for what? \_\_\_\_\_

Currently a member of Explorer Post? Yes or No (Circle One) If so, which agency? \_\_\_\_\_

Primary Emergency Contact: (Parent or Guardian)

Name	Relationship	Phone 1	Phone 2
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Parent E-Mail Address: \_\_\_\_\_  
 (This is required in order to send schedules and updates. Please write legible.)

Secondary Emergency Contact:

Name	Relationship	Phone 1	Phone 2
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***Official Use Only:***

Received: \_\_\_\_\_ Payment: Cash Check T-Shirt Size: \_\_\_\_\_

Background check: Fail Pass Informed of Status: Yes No

Shuttle Needed: \_\_\_\_\_ Before /After : \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Release and Hold-Harmless Agreement for participation in the  
Multi-Jurisdictional Law Enforcement Explorer Academy**

I \_\_\_\_\_, am the Parent or Legal Guardian of \_\_\_\_\_, and consent to my son/daughter's participation in the Multi-Jurisdictional Police Explorer Academy of the City of Pinellas Park Police Department, City of St. Petersburg Police Department, Pinellas County Sheriff's Office, City of Gulfport Police Department in Pinellas County, Florida. This program and training is for the purpose of educational benefit. I understand and agree that my son/daughter will be subject at all times to all instructions, orders and commands given to him/her by the officer or officers in command of the activities he/she may be participating in. I fully understand and appreciate the basic nature of law enforcement work and the possibility that situations may arise that may result in my son/daughter being exposed to the danger of physical harm or injury, including motor vehicle accidents and injury resulting from and training in defensive tactics, traffic control with practical exercises, building clearing, water survival techniques and officer survival training to include simmunition rounds. I understand freely and voluntarily accept these risks.

WHEREFORE, in consideration of the participation of my son/daughter in the Academy and his/her receipt of the educational benefits of the Academy, I hereby agree to release and to hold harmless the City of Pinellas Park, City of St. Petersburg, Pinellas County Sheriff's Office, and City of Gulfport and their Officials, Officers, Agents, and employees individually and collectively harmless from all liability for personal injury or property damage my son/daughter may sustain during his/her participation in the Academy, including damages or injuries resulting from any negligent act or omission of any officer, employee or agent of any of the Agencies. I understand my son/daughter has the responsibility to buckle up in any vehicle used during the academy.

APPLICANT/EXPLORER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

=====

Your signature of this document must be **notarized**:

NOTARY  
STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledge before me this \_\_\_\_\_ (date) by \_\_\_\_\_ (parent/guardian name) who is personally know to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

SIGNATURE: \_\_\_\_\_

NAME: (PRINTED) \_\_\_\_\_

TITLE: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Media Release Form**  
**Multi-Jurisdictional Law Enforcement Explorer Academy**

I authorize the following entities:

St. Petersburg Police Department  
Pinellas County Sheriff's Office  
Gulfport Police Department  
Pinellas Park Police Department  
St. Petersburg College

Boyscouts of America  
City of St. Petersburg  
City of Gulfport  
City of Pinellas Park

and their affiliates to utilize my name, likeness, appearance, video image, or photograph for advertising, trade, informational or promotional purposes. I further understand that my appearance in any production, any proofs or prints (negatives or positives), and video shall remain the sole property of the above entities and their affiliates. I also certify that my release and authorization contained herein will not violate any pre-existing or subsequent contracts or commitments for which I am responsible or liable.

**DATE:** \_\_\_\_\_

• **I am over 18 years of age:**

\_\_\_\_\_  
(Signature of model, over age 18)

\_\_\_\_\_  
(Print name here)

• **Witnessed by:**

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
(Print name here)

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• ***If minor: The model appearing is under age eighteen (18), and I do sign this release under the representation of legal parent or guardian:***

\_\_\_\_\_  
(Print model's name, 18 & under)

\_\_\_\_\_  
(Signature of model)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Print parent or guardian name here)

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\_\_\_\_\_ **Check here if you choose NOT to participate.**

\_\_\_\_\_  
(Print model's name)

\_\_\_\_\_  
(Signature of model)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Pinellas County Sheriff's Office  
Firearms Range  
Waiver of Liability and Release**

In consideration for my use of the Pinellas County Sheriff's Office's ("PCSO") firearms range, I agree to the following terms and conditions related to my use of the range:

*Initial*

*Below:*

\_\_\_\_\_ I hereby waive, release, agree to hold harmless, and forever discharge PCSO, the Sheriff of Pinellas County and current and former directors, officers, deputies, employees, agents, representatives, volunteers and servants of PCSO from any and all claims, causes of action, damages, judgments or lawsuits whatsoever, whether now or in the future, that result or that may result from my use of the PCSO firearms range.

\_\_\_\_\_ I acknowledge that the use of firearms is an inherently dangerous activity, and I assume the risks of using and employing firearms or other similar products at the PCSO firearms range.

\_\_\_\_\_ I acknowledge that the study and application of firearms techniques is physically demanding and requires that I be in good physical condition.

\_\_\_\_\_ I acknowledge that I do not have any physical disability, limitation, illness, or other condition that would prohibit, interfere with or affect my safe use of firearms or the PCSO firearms range.

\_\_\_\_\_ I acknowledge that I am not under the influence of alcohol.

\_\_\_\_\_ I acknowledge that I am not under the influence of any prescription or nonprescription drugs that would influence or interfere with my safe use of the PCSO firearms range.

I will abide by the following safety rules of the firearms range:

1. ALWAYS treat every firearm as if it were loaded.
2. All weapons MUST be pointed down range at all times.
3. ALWAYS keep your finger off the trigger until you are ready to shoot.
4. Appropriate eye protection, ear protection and a ball cap (with the bill forward) MUST be worn at all times in the shooting area when firearms are being used.
5. ALL weapons brought to the Outdoor Range facility shall be carried in a safe manner, i.e., with the action open, unloaded in an appropriate case, unloaded and/or securely holstered.
6. ALL loading and unloading of the firearms shall take place on the firing line and under the direction of the firearms instructor, Range Master or Range Operator.
7. All shooting is conducted from the firing line unless authorized by a firearms instructor, Range Master or Range Operator.
8. No one is allowed forward of the firing line. If an item falls forward in front of the firing line, leave it there and notify a firearms instructor, Range Master or Range Operator.
9. In the event of a misfire or malfunction, keep the firearm pointed down range and clear the malfunction. If the firearm continues to misfire or malfunction, keep the firearm

pointed down range and raise your support hand to alert a firearms instructor, Range Master or Range Operator.

10. No eating or drinking is allowed in the shooting areas of the Outdoor Range facility.
11. No horseplay, running or games shall be allowed at the Outdoor Range facility.
12. No alcoholic beverages will be permitted at the Outdoor Range facility. Anyone displaying behavior consistent with the use of alcoholic beverages or medications will not be allowed on the range.
13. Always wash hands thoroughly after handling and shooting firearms.
14. Be sure to follow all posted rules and any other range commands given verbally or in writing by the Range Master, Range Operator and firearms Instructors.

By signing this Agreement below, I affirm that I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS AND THE RANGE RULES.

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent or Guardian Consent  
(Required if under Age 18)**

I am the parent or guardian of the above-named child. I have read this Agreement, understand it, and authorize and agree to the terms of this Waiver and Release on behalf of the above-named child.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**MINOR**

Female  Male

Resident  Non-Resident

Official Use Only Card# _____ _____
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Aquatics - Official Use Only AFDC# _____ _____
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**CITY OF ST. PETERSBURG  
RESIDENT/NON-RESIDENT PROGRAM REGISTRATION APPLICATION**

LAST NAME (PROGRAM PARTICIPANT)	FIRST NAME	MIDDLE INITIAL	HOME PHONE
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ADDRESS	CITY	ZIP
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SCHOOL	CURRENT GRADE	AGE	BIRTH DATE
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PERSON TO NOTIFY IN CASE OF EMERGENCY	HOME PHONE	WORK PHONE
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MEDICAL ALERT (IF APPLICABLE)

SPECIAL NEEDS (I.E. SIGN LANGUAGE, INTERPRETERS, TAPE/BRAILLE MATERIALS, READERS, ACCESSIBLE TRANSPORTATION, ETC.)

**PRIMARY NATURAL GUARDIAN OR LEGAL GUARDIAN**

LAST NAME	FIRST NAME	MIDDLE INITIAL	HOME PHONE
ADDRESS	CITY	ZIP	
WORK PHONE	CELL PHONE	E-MAIL ADDRESS	FAX

**SECONDARY NATURAL GUARDIAN OR LEGAL GUARDIAN**

LAST NAME	FIRST NAME	MIDDLE INITIAL	HOME PHONE
ADDRESS	CITY	ZIP	
WORK PHONE	CELL PHONE	E-MAIL ADDRESS	FAX

**RELEASE, WAIVER OF CLAIMS, HOLD HARMLESS, AND INDEMNITY AGREEMENT  
FOR MINOR TO ATTEND CITY OF ST. PETERSBURG PROGRAMS**

In consideration of the attendance of \_\_\_\_\_ (hereinafter referred to as the "Minor") in any and all programs offered by the City of St. Petersburg (hereinafter referred to as the "Program"),

I/We, \_\_\_\_\_ natural guardian(s) (as defined in F.S. § 744.301 or legal guardian(s) of the Minor and the Minor hereby agree as follows:

- I hereby agree that the Minor will be at all times required to comply with all rules and regulations of the Program and of the City of St. Petersburg (hereinafter referred to as the "City") and I accept on my behalf and on behalf of the Minor full responsibility for informing myself and the Minor of any changes to those rules and regulations.
- The consideration for this Release, Waiver of Claims, Hold Harmless and Indemnity Agreement (hereinafter referred to as "the Agreement" or "this Agreement") is the attendance of the Minor in the Program, which I agree is a commonplace child oriented community supported activity, and the City's waiver of any requirement that I or the Minor carry self funded liability insurance prior to the Minor being allowed to attend the Program. I acknowledge that, absent the execution of the Agreement, the City would not have offered me or the Minor the ability for the Minor to attend the Program because of unacceptable exposure to liability claims.
- I hereby agree, personally and on behalf of the Minor, that the Minor's attendance in the Program is only granted by the City because of its understanding that in the event of injury to myself or the Minor, or damage or loss of property, that any insurance policy held by myself or for the Minor which covers such injury or loss shall be the primary source of any recovery.
- I, personally and on behalf of my heirs, personal representatives, executors and assigns, and on behalf of the Minor and the Minor's heirs, personal representatives, executors and assigns, hereby release, waive, discharge and covenant not to sue the City, its City Council, Mayor, any City department or subdivision, its employees, servants, representatives, officers, agents, volunteers, and successors and assigns, (hereinafter collectively referred to as "Releasees"), of any from any and all claims, demands, actions, causes of action, judgments, costs, expenses, court costs, attorneys' fees or other damages or liability, of any nature whatsoever, including but not limited to personal injury, property damage or wrongful death, whether caused by the sole, contributory or gross negligence of Releasees, or otherwise, or whether arising out of any defect, or presence or absence of any condition in or on any City property, premises, or right of way or in any City vehicle, which against Releasees, I or the Minor ever had, now have, or can, shall, or may have, upon or by reason of, directly or indirectly relating to, or arising from, the Minor's attendance in the Program.**

5. I hereby personally, or on behalf of the Minor, voluntarily and expressly assume full responsibility for any risk of bodily injury, death, and property damage due to the negligence, whether sole, contributory or gross negligence, of any or all Releasees while the Minor attends the Program.
6. I hereby personally, or on behalf of the Minor, agree to defend at my expense, pay on behalf of, indemnify and save and hold harmless Releasees, from and against any and all claims, demands, liens, liabilities, judgments, losses and damages (whether or not a lawsuit is filed) including, but not limited to, costs, expenses and attorneys' fees at trial and on appeal for damage to property or bodily or personal injuries, including death at any time resulting therefrom, sustained by any person or persons, which damage or injuries are alleged or claimed to have arisen out of or in connection with, in whole or in part, directly or indirectly, the Minor's attendance in the Program, including without limitation, damage or injuries alleged or claimed to have arisen out of or in connection with the Minor's negligence, whether sole, contributory or gross, whether or not the damage or injuries are alleged or claimed to have arisen in part due to any negligence of the Releasees or other third party, my intentional wrongful acts or omissions, or my failure or the Minor's failure to comply with applicable laws, rules, regulations, standards and ordinances.
7. I also agree that I am responsible for any and all damages that I or the Minor willfully, accidentally, or negligently inflict upon Releasees or third parties as a result of the Minor's attending the Program.
8. I expressly agree, personally and on behalf of the Minor, that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and if any portion of this Agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
9. I have read and voluntarily sign this Agreement, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.
10. **I understand that I am encouraged to seek the advice of an attorney prior to signing this Agreement, and that I have been given the opportunity to seek such counsel.**
11. I hereby give this city permission to take and use interviews, photographs, or videotapes of myself and/or the Minor for promotional and educational reasons. This publicity may include publication of the photo in publications, posters, brochures and newsletters; on the City website, radio station, or Cable TV channel; or other special district events or forms of publicity for the City. I understand there is no monetary compensation for use of these photos.
12. I hereby agree that I am the parent(s) or legal guardian(s) of the Minor and that I am fully competent and legally able to execute this Agreement on behalf of the Minor with the intent to bind both myself and the Minor by the terms hereof.
13. Should any paragraph or portion of any paragraph of this Agreement be rendered void, invalid or unenforceable by any court of law for any reason, such determination shall not render void, invalid or unenforceable any other paragraph or portion of this Agreement.
14. **INDEMNITY AGREEMENT.** I hereby personally agree to **indemnify**, defend at my own expense and pay on behalf of, the City, its City Council, Mayor, any City department or subdivision, its employees, servants, representatives, officers, agents, volunteers, and successors and assigns, from and against any and all claims, demands, liens, liabilities, judgments, losses and damages (whether or not a lawsuit is filed) including, but not limited to, costs, expenses and attorney's fees at trial and on appeal brought for, by or on behalf of the Minor against the City, its representatives, officers, agents, volunteers, and successors and assigns, arising out of or in connection with, in whole or in part, directly or indirectly, the Minor's attendance in the Program.
15. **NOTICE REQUIRED BY F.S. § 744.301 TO THE MINOR'S NATURAL GUARDIAN(S).** READ THIS AGREEMENT COMPLETELY AND CAREFULLY. I AM AGREEING TO LET MY MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. I AM AGREEING THAT, EVEN IF RELEASEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE MY CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS AGREEMENT I AM GIVING UP MY CHILD'S RIGHT AND MY RIGHT TO RECOVER FROM RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO MY CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. I HAVE THE RIGHT TO REFUSE TO SIGN THIS AGREEMENT, AND THE CITY HAS THE RIGHT TO REFUSE TO LET ME CHILD PARTICIPATE IF I DO NOT SIGN THIS AGREEMENT.

**THIS RELEASE, WAIVER, HOLD HARMLESS AND INDEMNITY FORM MUST BE SIGNED BEFORE THE MINOR MAY ATTEND THE PROGRAM.**

**BY SIGNING THIS AGREEMENT YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU MUST READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT.**

IN WITNESS WHEREOF, the undersigned has caused this Agreement to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**BY:** PARENT OR LEGAL GUARDIAN OF MINOR (with legal authority to execute this Agreement on behalf of the Minor if the participant is under 18.)

(Sign) \_\_\_\_\_

(Print) \_\_\_\_\_ (Date) \_\_\_\_\_

AND

**BY:** MINOR (any participant under 18 years of age).

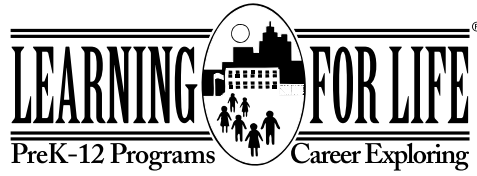
(Sign) \_\_\_\_\_

(Print) \_\_\_\_\_ (Date) \_\_\_\_\_

**THIS RELEASE, WAIVER OF CLAIMS, HOLD HARMLESS, AND INDEMNITY AGREEMENT SHALL NOT BE MODIFIED, MARKED THROUGH OR CONDITIONED BY ANY ATTACHMENT OR WRITTEN COMMENTS.**

*Police Department Instructions: Original to Police Department- Legal Office  
Copy to Program Participant's Parent or Legal Guardian*





## Learning for Life and Exploring Annual Health and Medical Record

(Valid for 12 calendar months)

### Policy on Use of the Learning for Life and Exploring 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 or Exploring 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 and Exploring 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 health-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/club/group more than 30 minutes away from an emergency vehicle or an 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](http://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.

# Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
DOB: \_\_\_\_\_

**Outing participants:**  
Post/club/group No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

## Informed Consent, Release Agreement, and Authorization

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: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

Second parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If required; for example, CA)

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

# Part B: General Information/Health History

**Full name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_

**Outing participants:**  
 Post/club/group No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Post/club/group leader: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
 Council Name/No.: \_\_\_\_\_ Post/club/group No.: \_\_\_\_\_  
 Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



**Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.**



**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
 Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

## Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	<b>Last HbA1c percentage and date:</b>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	<b>Last attack date:</b>
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	<b>Last seizure date:</b>
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	<b>CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
		List all surgeries and hospitalizations	<b>Last surgery date:</b>
		List any other medical conditions not covered above	

## Part B: General Information/Health History

Full name: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**Outing participants:**  
 Post/club/group No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.  IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**!** Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor. **!**

### Immunization

The following immunizations are recommended by Learning for Life. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

**DO NOT WRITE IN THIS BOX**  
 Review for program or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

# Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Outing participants:**

Post/club/group No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_



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



**Examiner: Please fill in the following information:**

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ BMI: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

## 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 and/or Exploring experience. This participant (with noted restrictions):

True	False	Explain
		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 his or her 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.

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned program or special activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295