Florida Youth Law Cadet Academy Application

Florida American Legion Youth Law Cadet Academy, 7-12 July 2024

PHOTO REQUIRED

The Florida Youth Law Cadet Academy is sponsored by the American Legion, Department of Florida in cooperation with the Florida Highway Patrol.

Please return this application with ALL fees, completed health forms, ID photo, and all permission forms to **The American Legion, ATTN: Youth Law Cadet P.O. Box 547859 Orlando, FL 32854**
*Note: Only **completed** applications will be accepted*

Name:_____Nickname:_____

Address:_____
Street

_____
City State Zip Code

Home Phone:(_____) _____Cell Phone: (_____) _____

Email address:_____

Height:_____ Weight:_____ Date of Birth: _____ Age:_____

T-Shirt Size (based off of adult sizes):_____

Name of Parent(s) or Guardian(s):_____
Emergency Contact Information:
Home Phone:(_____) _____
Cell Phone:(_____) _____
Work Phone:(_____) _____
Email Address:_____

Name of High School:_____

Name of Hometown Newspaper:_____

List leadership activities in your school and community along with positions you have held in each activity, e.g., VP of student government, secretary of honor society, first chair in horn section in band, captain of soccer team, assistant editor of newspaper/yearbook, assistant patrol leader in Boy Scouts, VP of youth group at church, etc.:

_____

_____

_____

Youth Law Cadet Academy Health and Medical Record

Part A

GENERAL INFORMATION:

F/ L Name: _____ Date of Birth: _____Age: _____

Address: _____ Grade Completed: _____

City: _____ State: Florida Zip Code: _____ Phone No.:_____

Health/ Accident Insurance Company: _____ Policy No.: _____

Attach a Photocopy of BOTH sides of Insurance Card. *If Family has NO Medical Insurance, write "NONE."*

In case of emergency, notify:

F/ L Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Alternate Contact Name: _____ Phone No.: _____

MEDICAL HISTORY:

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

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (High Blood Pressure)	
		Heart Disease (i.e., CHF, CAD, MI)	
		Stroke/ TIA	
		COPD	
		Ear/ Sinus Problems	
		Muscular/ Skeletal condition	
		Menstrual Problems	
		Psychiatric/ Psychological and emotional difficulties	
		Learning Disorders (i.e., ADHD, ADD)	
		Bleeding Disorders	
		Fainting Spells	
		Thyroid Disease	
		Kidney Disease	
		Sickle Cell Disease	
		Seizures	
		Sleep Disorders (i.e., sleep apnea)	
		GI Problems (i.e., abdominal, digestive)	
		Surgery	
		Severe Injury	
		Other	

ALLERGIES OR REACTION TO:

Medications: _____

Food: _____

Other: _____

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.

Yes	No	Immunization	Date
		Tetanus	
		Pertussis	
		Diptheria	
		Measles	
		Mumps	
		Rubella	
		Polio	
		Chicken Pox	
		Hepatitis A	
		Hepatitis B	
		Influenza	
		Other (i.e., HIB)	
		Exemption to immunizations claimed	

MEDICATIONS:

List all medications currently used. If additional space is needed, please attach list to application. Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication: _____ Strength: _____ Frequency: _____ Approx. date started: _____ Reason for medication: _____ _____ Distribution approved by: _____/ _____ Parent Initials MD/DO, NP, or PA Initials Temporary ☐ Permanent ☐	Medication: _____ Strength: _____ Frequency: _____ Approx. date started: _____ Reason for medication: _____ _____ Distribution approved by: _____/ _____ Parent Initials MD/DO, NP, or PA Initials Temporary ☐ Permanent ☐	Medication: _____ Strength: _____ Frequency: _____ Approx. date started: _____ Reason for medication: _____ _____ Distribution approved by: _____/ _____ Parent Initials MD/DO, NP, or PA Initials Temporary ☐ Permanent ☐
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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:

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

	Normal	Abnormal	Explain Any Abnormalities
Eyes			
Ears			
Nose			
Throat			
Lungs			
Heart			
Abdomen			
Genitalia			
Skin			
Emotional Adjustment			
Tuberculosis	Negative ☐	Positive ☐	

Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Knees (Both)			
Ankles (both)			
Spine			

Other	Yes	No	Explain
Contacts			
Dentures			
Braces			
Inguinal Hernia			
Medical Equipment (i.e., CPAP, oxygen)			

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 & 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 Heath 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.

DEPARTMENT OF FLORIDA YOUTH LAW CADET ACADEMY

PERMISSION TO PARTICPATE

If over eighteen, I agree to participate in all activities involved in The American Legion Youth Law Cadet Academy to include:

- Exercises
- Sports
- Defense Tactics
- Driving course, Firearms and any other activities of the program all of which will be supervised by certified personnel in that field

Cadet Signature:_____ Date:_____

Cadet Name Printed:_____

Post Sponsor Signature:_____ Date:_____

Post Sponsor Name Printed: _____

Or if under eighteen, I do hereby give permission for my son or daughter or legal ward to participate in all activities involved in The American Legion Youth Law Cadet Academy to include:

- Exercises
- Sports
- Defense Tactics
- Driving course, Firearms and any other activities of the program all of which will be supervised by certified personnel in that field

Parent/Guardian Signature:_____ Date:_____

Parent/Guardian Name Printed:_____

Cadet Name:_____

Post Sponsor Signature:_____ Date:_____

Post Sponsor Name Printed: _____

DEPARTMENT OF FLORIDA YOUTH LAW CADET ACADEMY

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for being allowed to participate voluntarily in The American Legion Youth Law Cadet Academy, I hereby release the Florida Highway Patrol and the American Legion Department of Florida 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.

Signature of Cadet (age 18): _____
Date:_____

FOR MINOR CHILD:

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

Signature of Parent/Guardian:_____
Date:_____