

**LHCPD CADET PROGRAM HEAT ACADEMY
JUNE 10th -- JUNE 17th 2023**

APPLICATION FOR ACADEMY

QUALIFICATIONS:

All applicants must be a member of a law enforcement exploration program sponsored by a Law Enforcement agency. All applicants must be of good moral character and must be referred by their respective agency. All applicants must be under 21 years of age during the entire academy and be willing to participate in physical training. It is mandatory that the applicant be able to perform at least 10 push-ups, 10 sit-ups and complete a 1 ½ mile run without stopping.

TUITION FEE: \$275.00 (Includes room, meals, drinks, classroom materials, certificates, hat, and Academy shirt) Tuition fees are due no later than 05/12/2023

Advisors are free to attend with members of their post but will need to contact the LHCPD Cadet Program prior to ensure proper arrangements are made.

PERSONAL DATA:

(PLEASE PRINT OR TYPE)

(Name of the Law Enforcement Department you are with)

(LAST) (FIRST) (M.I.)

_____/_____/_____
(DATE OF BIRTH) (AGE) (SEX)

(PARENTS OR GUARDIANS NAME)

(ADDRESS) (CITY) (STATE) (ZIP)

(HOME PHONE #) (PARENTS WORK PHONE #)

(PARENTS CELL PHONE) (ADDITIONAL NUMBER)

SHIRT SIZE S M L XL XXL HAT SIZE (CIRCLE) S/M L/XL

**LHCPD CADET PROGRAM HEAT ACADEMY
MEDICAL INFORMATION FORM**

EMERGENCY CONTACT NUMBERS:

_____	()	-	_____
(NAME / RELATIONSHIP)	(AREA CODE)		(PHONE NUMBER)
_____	()	-	_____
(NAME / RELATIONSHIP)	(AREA CODE)		(PHONE NUMBER)
_____	()	-	_____
(NAME / RELATIONSHIP)	(AREA CODE)		(PHONE NUMBER)
_____	()	-	_____
(PHYSICIAN)	(AREA CODE)		(PHONE NUMBER)
_____	_____		
(INSURANCE COMPANY)	(POLICY NUMBER)		

MEDICAL INFORMATION (past or present)

(Circle all that apply)

- Asthma Allergies Convulsions Heart Disease High Blood Pressure Diabetes
Leukemia Cancer hemophilia Other (explain) _____

Explanations: _____

Medications: (list all and reason for use) _____

Does your child have any special food restrictions or allergies? Please explain:

AUTHORIZATION TO DISPENSE MEDICATIONS: I, _____,
(Print name)

AS THE PARENT OR GUARDIAN OF _____, DO HEREBY
(Applicant Name)

CONSENT AND AUTHORIZE HEAT ACADEMY STAFF TO PROVIDE MEDICAL TREATMENT OR DISPENSE MEDICATIONS AND/OR FIRST AID SUPPLIES TO THE APPLICANT. SUCH AS, BUT NOT LIMITED TO: ASPIRIN, PAIN MEDICATION, ALLERGY MEDICATION, ETC. IN THE CHILDS BEST INTEREST. I FURTHER CERTIFY THAT HE/SHE HAS NOT HAD ANY PRIOR INJURY OR A HAS CURRENT EXISTING INJURY WHICH WOULD HINDER HIS/HER PERFORMANCE WHILE IN THE ACADEMY.

(Signature of Parent, Guardian or Applicant if 18 yoa or older)

(Date)

ADVISOR AFFIRMATION

I, _____ of the _____,
(Officer name) (Agency)

do recommend this applicant for the LHCPD Cadet Program HEAT Academy and affirm that he/she is a member of my department's program in good standing.

(Signature)

(Date)

(WORK NUMBER)

(CELL PHONE)

REQUIRED EQUIPMENT

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NOTE: All attendees are expected to bring the following:

One (1) Uniform from their department. (Short sleeve is preferred)

Uniform shoes or boots.

Underbelt. (duty belt is not needed)

Two (2) plain “Ash-colored” (light grey) short sleeve T-shirts

Two pair of all black running shorts (no logos preferred if possible)

Running shoes

Sleeping bag or blankets.

Pillow

Appropriate sleeping attire

Hygiene items (toothbrush, shaver, deodorant, shampoo, etc)

Necessary medication

Shower shoes are recommended.

Bath towel

Two (2) locks. (For lockers)

Mouthpiece for Defensive Tactics (DT)

Prohibited items:

Knives or any weapon

Inappropriate clothing (all tops must cover the shoulders and abdomen)

(no shirts or hats that display inappropriate words or images)

Tobacco products.

Anything illegal

Food

Excessive jewelry

Piercings (Females may wear 1 earring per ear)

(All other piercings must be covered or removable)

Unnecessary electronic devices