

Office Use Only	
Campus	
Level: Beginner/ Advanced/ Senior	
Paid:	Shirt Size:



DEVELOPING RESPONSIBLE,  
RESPECTFUL, DISCIPLINED YOUTH

# Enrollment Application

The Anaheim Police Cops 4 Kids Jr. Cadet program is a semi-military based program emphasizing respect, responsibility, and discipline. The program is open to youth who are interested in law enforcement as well as at-risk youth who are looking to turn their life around. Parents; please fill out this enrollment form completely. Once completed, please return it with the signed liability form attached.

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Date Of Birth	AGE	Sex (M or F)
_____	_____	
School	Grade	
_____		_____
Address		City
_____	_____	_____
State	Zip	Home Phone

Ethnic Background:

African American Asian Bi-Racial Caucasian Hispanic Native American Pan Pacific Islander Other

## EMERGENCY INFORMATION

_____	_____	_____
Parent/Guardian Last Name	Parent/Guardian First Name	Work or Cell Phone (circle one)
_____	_____	_____
Parent/Guardian Last Name	Parent/Guardian First Name	Work or Cell Phone (circle one)
Medical History: _____		
_____	_____	
Primary Care Physician (PCP)/HMO	PCP/HMO Phone	

**VIDEO-PHOTO RELEASE**

I understand that during the Anaheim Police Cops 4 Kids program and/or activity, the Anaheim Police Cops 4 Kids program, producers, sponsor, organizer, and/or assigns may take my photograph and /or the photograph of my child. I agree that my photograph and/or the photograph of my child, including video photography, film photography, film photography, or other reproduction of my likeness of my child, maybe used without charge by the Anaheim Police Cops 4 Kids program, producers, sponsors, organizers and/ or its assigns for such purposes as they deem appropriate.

**AUTHORIZATION TO TREAT A MINOR**

I, the parent or legal, of the child listed above, do hereby authorize and consent to any X-ray examination, anesthetic, medical, surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child’s medical expenses. I understand that all effort shall be made to contact me prior to render treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil Code. This consent shall remain in effect for the duration of the Jr. Cadet Session of the subject year(s).

**RELEASE FROM LIABILITY**

In consideration of the acceptance of the application of my child, as a participant in any programs and/ or activities of the Anaheim Police Cops 4 Kids program and its member chapters, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Anaheim Police Cops 4 Kids program and/ or activities. I and my child hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child’s participation in the Anaheim Police Cops 4 Kids program or activity. I agree to indemnify and hold harmless from liability the City of Anaheim and the Anaheim Police Cops 4 Kids program, their officers, agents, employees, and representatives member chapter and/or any of their agents, servants, or employees by reason of any accident, death, injury or damages, to persons or property which I or my child may suffer while participating in Anaheim Police Cops 4 Kids program and/or activity. This release is intended to discharge in advance the City of Anaheim and the Anaheim Police Cops 4 Kids program, their officers, agents, representatives, member, chapters, and/or any of their agents, servants, or employees by reason of any accident, death, injury or damages to persons or property which I or my child may suffer from and against any and all liability arising out of or connected in any way with my child’s participation in the Anaheim Police Cops 4 Kids program and/or activity, even though that liability my arise out of negligence or carelessness on the part of the persons of entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for nay property damage or injury to any person caused by me or my child while participating in the Anaheim Police Cops 4 Kids program and/or activity.

I have read, understand and approve the **AUTHORIZATION TO TREAT A MINOR** (with any restrictions I may have listed above), **RELEASE FROM LIABILITY** and the **VIDEO-PHOTO RELEASE**.

X \_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN** **DATE**

# Anaheim Police Cops 4 Kids Parent Consent Form

My child and I agree to assume all risks and responsibilities of any injury and/or accident my child may incur while participating in any Anaheim Police Cops 4 Kids programs and activities. Therefore, I AGREE to indemnify and hold harmless from liability the City of Anaheim, Anaheim Police Department, Anaheim Police Cops 4 Kids, Anaheim Unified High School District, Anaheim City School District, Magnolia School District, Centralia School District, Savanna School District, Orange Unified School District and their officers, agents, employees, and representatives for any accident, injuries, or actions my child may incur or do out of his/her own recognizance or as a result of his/her participation in any Anaheim Police Cops 4 Kids programs or activities. Your child may be exposed to some materials containing foul language, extreme violence, and chemical irritants as a result of their participation in the Jr. Cadet Academy. Please read and initial each statement below. Failure to do so will result in dismissal from the program

\_\_\_\_\_ I understand that my child must attend a Jr. Cadet Academy.

\_\_\_\_\_ I understand that if my child fails to show up or misses more than (2) hours of the Academy, he/she must start the Jr. Cadet program over.

\_\_\_\_\_ I understand that I must ask permission for my child to leave the Academy. I must return my child to the Academy within (2) two hours. Failure to do so will result in the dismissal from the program.

\_\_\_\_\_ I understand that my child may be recycled (start over) through the program if they fail to complete the entire program. This includes the Academy.

\_\_\_\_\_ I understand that if I refuse to allow my child to be recycled (start over) they will not be allowed to reenroll at a later time.

\_\_\_\_\_ I understand my child must complete the 20-week program, attend the one-day academy, and participate in a community service project in order to graduate from the Jr. Cadet program.

**I have read, understood, and AGREE to the terms stated above and GIVE permission to my son/daughter to attend and/or participate in the Jr. Cadet Academy.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Participant**

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Grade**

Anaheim Police Cops 4 Kids  
Physical Evaluation

Jr. Cadet's information :

Name _____	Male _____	Female _____	Age _____
Birth Date ____/____/____	School _____	Grade _____	
Address _____		Phone (Home) _____	
(Cell) _____	Personal Physician or HMO _____		
Phone _____			

Explain "yes" in the spaces provided.	<b><u>NO</u></b>	<b><u>Yes</u></b>	Explain "yes" here:
1. Have you had a medical illness or injury in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are you currently taking any prescription or non-prescription (over the counter) medications or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Do you have any allergies (pollen, medicine, food or insect stings)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Has a physician ever denied or restricted your participation in sports or physical activity for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Do you have any current skin problems (itching, rashes, warts or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Have you ever been knocked out, become unconscious or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	_____

	<u>NO</u>	<u>YES</u>	
19. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Have you ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Do you cough, wheeze or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. Do you use any special protective or corrective equipment or devices when exercising (knee brace, special neck roll, foot orthotics, retainer on your teeth or hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Have ever had a sprain, strain or swelling in muscles, tendons, bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>	_____
32. Record the dates of your most recent immunizations (shots) for:			_____
Tetanus_____		Measles_____	
Hepatitis B_____		Chickenpox_____	

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Jr Cadet Signature\_\_\_\_\_ Parent/Guardian Signature\_\_\_\_\_

**Jr Cadet's therapist/counselor release form:**

I have been informed of the Jr. Cadet program by the parent(s) of \_\_\_\_\_.

I believe that at this time \_\_\_\_\_ should not participate in the program due to his present

(Child's name)

condition and it may be conflicting with what he/she is learning in therapy / counseling sessions.

I believe it will be beneficial for \_\_\_\_\_ to join the Jr. Cadet program.

(Child's name)

\_\_\_\_\_  
Therapist/ counselor Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Anaheim Police Department  
Cops 4 Kids  
Jr. Cadet Program

## **Application waiver**

Parents must carefully read and initial each statement on the space provided. Each statement pertains to the rules and activities of the Jr. Cadet program.

### **Section 1: Medical Background**

\_\_\_\_\_ I understand it is my responsibility to notify the Jr. Cadet Program of any medical condition(s) my child may have that might affect his/her participation in any of the program's activities.

\_\_\_\_\_ I must provide a doctor's or hospital's documentation stating my child's medical condition(s).

\_\_\_\_\_ I understand that if my child attends therapy sessions, I must meet with the Jr. Cadet program officers or the program administrator to discuss my child's therapy goals and jointly determine if the Jr. Cadet program is appropriate for my child.

\_\_\_\_\_ I understand that if my child is attending therapy sessions. His/Her therapist must approve of their participation in the Jr. Cadet program. The therapist release form must be filled out and signed.

\_\_\_\_\_ I must also notify the Jr. Cadet program of any medications my child is currently taking. If my child requires medication during a Jr. Cadet session, I understand I must provide the medication and my child must take it at the required time. (Note: Jr. Cadet program staff and/or Explorers will only remind your child to take the medication, but will not assist the child in taking it).

\_\_\_\_\_ I understand that failure to notify the Jr. Cadet program of any medical condition, medication or failure to provide medical documentation for my child will result in a 3 week suspension from the program until all medical paperwork is received. If medical paperwork is not received within the 3 week period, the temporary suspension will become a dismissal from the program.

### **Section 2: Activities**

\_\_\_\_\_ I understand the Jr. Cadet program consists of 3 basic activities; physical training (P.T), military drill and classroom instruction. My child is expected to participate in all three activities.

\_\_\_\_\_ I understand, my child will be asked to do the following as part of the Physical Training portion of the program; push-ups, crunches (sit-ups), running, mountain climbers, air-chairs, and any other exercise he/she is asked to do.

\_\_\_\_\_I understand that if my child is unable to perform any of the P.T. exercises due to a medical condition (Asthma, broken leg, etc.), I must provide the Jr. Cadet program staff with medical documentation in order to exempt my child from the Physical Training portion of the program. The documentation must be provided to the Jr. Cadet staff prior to my child being excused from activities.

\_\_\_\_\_I understand, my child will be taught discipline through military drill. As part of military drill, my child will be required to obey commands given by a drill instructor.

\_\_\_\_\_I understand that my child may be spoken to in a loud tone of voice at any time during military drill. My child may be moved or corrected physically to teach him/her proper drill movements.

\_\_\_\_\_I understand that if my child refuses to participate or misbehaves during the Jr. Cadet program, he/she will be disciplined (see section 3).

\_\_\_\_\_I understand my child will receive classroom instruction regarding gangs, drugs, bullying, consequences and other subjects. I am aware that the purpose of these classes is to educate my child on the consequences of certain illegal activities or choices. I understand that the violent or graphic nature of some of the materials is meant to show the reality and true consequences of a bad choice.

### **Section 3: Disciplinary Action/ Motivational Drill**

\_\_\_\_\_I understand my child may be taken out for motivational drill at my request when he/she has not behaved properly at home.

\_\_\_\_\_If I wish for the Jr. Cadet program staff to address a specific behavioral issue with my child, I must fill out an incident report describing the related incident(s) or speak directly to a member of the Jr. Cadet staff.

\_\_\_\_\_I understand my child may be taken out for motivational drill at the request of his/her school administrator or teacher.

\_\_\_\_\_If my child has been involved in an incident at school, the principal or teacher may advise the Jr. Cadet staff of the incident.

\_\_\_\_\_I understand that during motivational drill my child may be asked to do several exercises, including the following; run, push-up's, crunches, chairs (knees bent while back is placed against the wall).

\_\_\_\_\_I understand that during motivational drill my child may be talked to in a stern and loud voice by the Jr. Cadet program staff.

\_\_\_\_\_If my child shows no change in behavior after being sent for motivational drill, he/she may be asked to leave the program.

\_\_\_\_\_I understand that if my child refuses to improve his/her behavior and is expelled from the program, he/she will not be allowed to return.



\_\_\_\_\_ I understand that if my child is caught using drugs while he/she is enrolled in Jr. Cadets, he/she will be immediately expelled from the program. Drug use is not tolerated.

\_\_\_\_\_ I understand that if my child claims affiliation to a gang or is known to be a gang member while he/she is enrolled in Jr. Cadets, he/she will be immediately expelled from the program.

\_\_\_\_\_ I understand that if my child commits a crime while he/she is enrolled in Jr. Cadets, he/she will be immediately expelled from the program.

#### **Section 4: Attendance, Uniform and I.D**

\_\_\_\_\_ I understand that my child is required to attend all Jr. Cadet sessions on the assigned day and time.

\_\_\_\_\_ I acknowledge that it is my responsibility to contact the Jr. Cadet program staff and report my child's absence from the program.

\_\_\_\_\_ I understand it is also my responsibility to contact the Jr. Cadet program staff regarding my child's absence at least thirty (30) minutes before Jr. Cadet session begins.

\_\_\_\_\_ I understand that failure to contact the Jr. Cadet program staff will result in an unexcused absence for my child.

\_\_\_\_\_ I understand that contacting the Jr. Cadet program staff twenty (20) minutes or less prior to the Jr. Cadet session or contacting the office during class time will result in an unexcused absence for my child.

\_\_\_\_\_ I understand that if my child has five (5) or more unexcused absences, he/she may be dropped from the program and may not be invited to participate in the graduation ceremony.

\_\_\_\_\_ If my child fails to return to the program on the return date indicated on the "Time Off" form, each absence thereafter will be considered unexcused.

\_\_\_\_\_ Once dropped from the program, my child may not return to the program until I have discussed the reason/s for his absence with the Jr. Cadet program staff.

\_\_\_\_\_ If accepted to return to the Jr. Cadet program, both my child and I must sign an attendance contract and pay any required fees.

**Academy:**

\_\_\_\_\_ I understand that my child must attend a Jr. Cadet Academy.

\_\_\_\_\_ I understand that if my child fails to attend a Jr. Cadet Academy or misses more than (2) hours of an Academy, he/she will be recycled (must start the program over).

\_\_\_\_\_ I understand that I must ask for permission for my child to leave the Academy, but must return within (2) two hours. Failure to do so will result in my child's dismissal from the program.

\_\_\_\_\_ I understand that my child will be recycled if they fail to complete the entire program, which includes the Academy.

\_\_\_\_\_ I understand that my child may be recycled if they fail to improve their behavior at home or at school during the duration of the program.

\_\_\_\_\_ I understand that if I refuse to allow my child to be recycled (start over) he/she will not be allowed to reenroll at a later time.

**Uniform:**

\_\_\_\_\_ I understand my child is required to wear a uniform to all Jr. Cadet sessions as part of his/her participation in the program.

\_\_\_\_\_ I understand, my child will be issued a T-shirt as part of the Jr. Cadet uniform. It is my responsibility to purchase additional shirts if the original gets damaged or no longer fits.

\_\_\_\_\_ I understand it is my responsibility to purchase the specified type of pants required by the program.

\_\_\_\_\_ I understand that jeans or baggy pants are not to be worn as part of the uniform.

\_\_\_\_\_ I understand that if my child does not wear his/her uniform to Jr. Cadets, he/she may be reprimanded and taken outside for P.T (Physical Training) or dismissed from the session.

\_\_\_\_\_ I understand that if I am unable to purchase the required uniform due to financial difficulties, I must make arrangements with the Jr. Cadet program staff to resolve the issue.