



**NATHAN M. WOLFE LAW  
ENFORCEMENT CADET  
ACADEMY**

Working Together Since 1973



**APPLICATIONS DUE DATE: MAY 1, 2020**

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 20, 2020 to June 26, 2020**. 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, 2020** 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, 2020**.

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 1:00 p.m. – 2:00 p.m. on Saturday, **June 20, 2020**, at the South Criminal Justice Academy. Graduation will be held on **Friday, June 26, 2020** 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](http://www.scarolinalegion.org) under the programs link- Law Cadet.



Attach  
Photograph

**RETURN COMPLETED**

**APPLICATION BY MAY 1, 2020**

## **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](http://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 6/26/20 will be accepted

## Cadet Academy Health and Medical Record

### Part A

#### GENERAL INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male ☐ Female ☐

Address \_\_\_\_\_ Grade completed \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Social Security No. (Optional; may be required by medical facilities for treatment) \_\_\_\_\_

Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, Circle "NONE."

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

#### 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 (women only)	
		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	
		Serious injury	
		Other	

#### Allergies or Reaction to:

Medication \_\_\_\_\_

Food, Plants, or Insect Bites \_\_\_\_\_

#### 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	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

☐ Exemption to immunizations claimed.

#### MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____  Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____  Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____  Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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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	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test				<input type="checkbox"/> Negative <input type="checkbox"/> Positive			

**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.

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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 the S. C. Criminal Justice Academy, S. C. Law Enforcement Division, S. C. Department of Natural Resources, S. C. Department of Corrections, S. C. Department of Public Safety, S. C. Highway Patrol, Lexington County Sheriff's Department, Lexington Police Department, University of South Carolina Police Department, Lancaster Police Department, Batesburg-Leesville Police Department, Berkeley County Sheriff's Department, North Augusta Department of Public Safety, Cayce Department of Public Safety, South Carolina Law Enforcement Officers Association, South Carolina Sheriff's Association, Lexington County Law Enforcement Officers Association, Lexington County Aging and Recreation Authority, Art Smart Academy of Irmo, American Legion, Department of South Carolina, Federal Bureau of Investigation of South Carolina and the Charleston County Aviation Authority 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 Participant

Date\_\_\_\_\_

### 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.

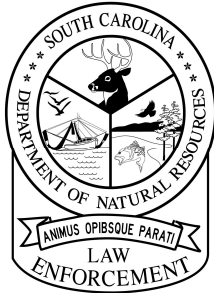
\_\_\_\_\_  
Date\_\_\_\_\_

# NATHAN M. WOLFE LAW ENFORCEMENT CADET ACADEMY

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

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I \_\_\_\_\_, do not wish for \_\_\_\_\_

To participate in the live fire exercise; however, I will allow my child to observe.

\_\_\_\_\_  
Signed Date