



Los Angeles Police Department Junior Cadet Application

Junior Cadet Application Package Checklist

- _____ Junior Cadet Application
- _____ Medical Waiver and Parental Consent
- _____ Medical Information
- _____ Photograph Waiver
- _____ Transportation Waiver

Reviewed by:

YSO Name

YSO Serial NO

OIC CRO Name

OIC CRO Serial NO



Los Angeles Police Department Junior Cadet Application

Applicant

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____ AGE: _____

Telephone: (Home): _____ (Cell) _____

HOME ADDRESS: _____

SCHOOL NAME: _____ GRADE LEVEL: _____

SCHOOL, ADDRESS: _____

PARENT/GUARDIAN

LAST NAME: _____

FIRST NAME: _____

Telephone: (Home): _____ (Cell) _____

HOME ADDRESS: _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

Telephone: (Home): _____ (Cell) _____

I _____, PARENT/GUARDIAN OF _____ GIVE
PERMISSION FOR MY CHILD TO PARTICIPATE IN THE LOS ANGELES POLICE DEPARTMENT JUNIOR CADET
PROGRAM.

Signature of Parent/Guardian

Date



Los Angeles Police Department Junior Cadet Application

MEDICAL WAIVER AND PARENTAL CONSENT FORM

We/I the undersigned parent(s)/ guardian of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnostic or treatment and/or hospital service that may be rendered to said minor under the general or specific instructions of a medical doctor licensed to practice in the state of California or other state, whether such diagnosis is rendered at the doctors office or at a hospital licensed by the state visited by a youth activity.

It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, as is given in order that such physician may have the opportunity to exercise his best judgement as to the action which may be necessary or required to protect the life and health of said minor child.

We/I understand that if my son/daughter is injured while on any youth activity. He/she will be given medical treatment. I hereby consent to medical treatment being given without financial obligation being incurred by the City of Los Angeles. We/I release liabilities, which may arise as a result of my son/daughter taking part in any activities of the Los Angeles Police Department. This consent shall remain in effect until revoked in writing by the parent(s)/ Guardian of the above-mentioned minor child.

Activity: All activities associated with LAPD Youth Programs

Location/Address: All LAPD and City of LA buildings, facilities, public streets/sidewalk, and field trip locations in and outside the City of Los Angeles.

If translated into Spanish: _____

NAME OF TRANSLATOR

Signature of Parent/Guardian

Date



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Medical Information

Explain all that apply, past or present, to the health history: Explain "yes" answers below.

Any allergies (Food, plants, medicines, insect bites, etc.): Yes: No Explain: _____

General Information:

| | YES | NO | | YES | NO | | YES | NO |
|--|-----|----|----------------------|-----|----|---------------------|-----|----|
| Asthma | | | Convulsions/Seizures | | | Hemophilia | | |
| Attention Deficit/Hyperactivity Disorder (ADM) | | | Diabetes | | | High Blood Pressure | | |
| Cancer/Leukemia | | | Heart Trouble | | | Kidney Disease | | |

Explain: _____

List any medication to be taken: _____

List ALL medication taken in the last 30 days: _____

List any physical or behavioral conditions that may affect or limit full participation: _____

List any equipment needed such as wheelchair, braces, glasses, contact lenses, etc: _____

Signature of Parent/Guardian

Date



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Medical Information- PHYSICIAN

REQUIRED FOR PARTICIPATION: TO BE COMPLETED BY A PHYSICIAN OR LICENSED HEALTH-CARE PRACTICIONER

PHYSICIAN OR LICENSED HEALTH- CARE PRACTICIONER'S EVALUATION

Approved for participation in: Exercise Sports Water Activities All Activities

The student will be enrolled in a group program that will take places approximately 2 to 3 times per week, for approximately 9 to 12-week sessions. Participants will perform: Running/sprinting, Jumping Jacks, Sit-ups, Push-ups, etc.

Specify Exceptions: _____

Recommendations (explain restrictions/limitations): _____

Signature of Physician or Licensed Health-Care Practitioner: _____ Date: _____

MUST
Have Physician's Signature &
Physician's Stamp



Signature of Parent/Guardian

Date



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PARENTAL WAIVER FOR CONSENT FOR PHOTOGRAPHS

I, the undersigned parent or legal guardian of the applicant, a minor child assigned to the Cadet Program, do hereby consent to my child being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Los Angeles Police Department Cadet Program; or, I, a Cadet 18 years of age and older, do hereby consent to being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Los Angeles Police Department Cadet Program. I also give my consent for the Los Angeles Police Department, including any Division or unit therein to use the photographs taken of my child to develop brochures, posters, displays, or other items for Cadet recruitment purposes. I further authorize the use and display of the photographs during other Department sponsored promotional activities. I hereby expressly waive all claims for compensation and release the Los Angeles Police Department and the City of Los Angeles from any and all liability which may arise as a result of my child being photographed while participating in the Cadet Program, and for the subsequent use and display of the photographs. I understand that this consent/waiver and release will remain in effect until such time that it is revoked, in writing, by me. The Department retains the right to use the aforementioned photographs for the purposes stated herein, whether or not the minor continues to be involved in the Cadet Program, absent written revocation of consent by the parent/guardian.

VOLUNTEER INSURANCE SUMMARY

The Mayor's Volunteer Corps provides limited accidental death, dismemberment, and accident medical insurance for all City Volunteers through One Beacon Insurance. This specialty insurance coverage provides protection for individuals who volunteer their time in service to the City and applies only if the volunteer has no insurance available or acts as a supplemental to any other insurance available to the volunteer at the time of an incident requiring medical treatment. Further, this coverage protects Cadets against certain injuries resulting from a covered accident sustained while performing their duties in the scope of an authorized volunteer assignment, or during volunteer training sessions and under the direction of the City (acting through its Police Department), subject to certain limitations. **Note: Medical expenses related to the following are not covered: any pre-existing conditions; and any injuries sustained during extracurricular or recreational activities such as off-site field trips, picnics, dances, banquets, etc.**

Accidental Death and Dismemberment: A maximum benefit of \$25,000 is available. **Accident Medical Expense:** A maximum benefit of \$25,000, per occurrence, for medical treatment related to most injuries suffered while participating in volunteer activities. **Accident Reporting Procedure:** In the event of an injury, Cadets have the responsibility to immediately notify their Cadet Post Advisor or supervisor of the incident. If for some reason this is not possible, the injury shall be reported within 24 hours of the next City work day, at which time the advisor or supervisor will direct the volunteer on proper reporting procedures. Source Document: City of Los Angeles Volunteer Insurance Policy Summary

Signature of Parent/Guardian

Date



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Transportation Waiver

We/I the undersigned parent(s)/ guardian _____ am requesting the assistance of the Los Angeles Police Department (Division) _____ Area Community Relations Office staff to assist me in transporting my son/daughter _____

To and from all field trips and scheduled activities include but not limited to: City of LA buildings and facilities, field trip locations, fundraisers, my child residence and school. I 'am aware that transportation is limited to availability based off event or activity needs and will NOT be offered in every situation. I understand that my child will be transported in either a City vehicle (Youth Van) or an official Los Angeles Police Department vehicle driven by a Los Angeles Police Officer.

Signature of Parent/Guardian

Date