



Cadet Law Academy Application

A youth program sponsored by
The Kansas Highway Patrol, The Kansas American Legion, and
The Kansas American Legion Auxiliary

IMPORTANT PLEASE READ

Each Cadet is to provide their own transportation unless arrangements are made with the sponsoring American Legion Post/Unit. Cadets should arrive by 1:00 PM on Monday. Keep in mind the Academy is not obligated to house or feed any Cadet prior to the arrival time. Each Cadet must have in their possession a valid Kansas Driver's License or Restricted Driver's License.

Due to the rigorous schedule during the week-long session, no one receiving special medication or with a physical impairment can be accepted. No Cadet will be excused prior to the close of the session except in cases of an emergency such as illness of the Cadet or illness or death in the immediate family.

APPLICATION CHECKLIST - Please enclose:

Completed Application Packet - Applications missing requested signatures will not be accepted

Transcript showing GPA supporting a C average

Recent Sports Physical releasing you for rigorous physical activity.

If you are unable to obtain a sports physical, email CadetLaw@ks.gov for other options

50-100 word essay

APPLICATION FEE \$50 - Send to:

American Legion
Attention: Cadet Law
PO Box 63
Phillipsburg, Kansas 67661

**The completed application packet must be electronically
submitted by **APRIL 15****



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APPLICANT			
Last:		First:	
Date of Birth:		Age:	Gender: Male Female
Address:		City:	Zip:
FATHER			
Last:		First:	
Address:		City:	Zip:
Telephone:	Cell:	Work:	
MOTHER			
Last:		First:	
Address:		City:	Zip:
Telephone:	Cell:	Work:	
HIGH SCHOOL			
Name of High School:		Junior	Senior
Address:		City:	Zip:
List Your Activities (school, sports, church, clubs, civic, etc.)			
Select Hat size		Select Shirt size	
S	M	LG	XL
S	M	LG	XL

I believe in the principle of maintaining law and order and of service to God and Country.

Applicant Signature:

Date:

Applications must be received by April 15.

PERMISSION BY PARENT/GUARDIAN FOR APPLICANT'S PARTICIPATION:

As the parent/guardian of _____, I do hereby give my permission to confirm the applicant's school record and if the applicant is accepted as a Cadet, to full participation in all of the activities of the Academy, including a flight in the Highway Patrol Aircraft, driving a car on the Patrol's defensive driving course, and the use of firearms on the Patrol's target range. I have also included the Cadet Law Enforcement Academy Medical Authorization and Medical Information forms as required by the Kansas Highway Patrol, American Legion, and American Legion Auxiliary for the applicant's participation.

Signature of Parent/Guardian

Don't Forget to Include a High School Transcript

HIGH SCHOOL/HOME SCHOOL REPRESENTATIVE:

(Teacher, Counselor, Principal Endorsement)

I hereby certify that the above mentioned student is a member of the junior / senior class at _____, High School and scholastically has a 'C' average. I recommend the applicant's participation in the Cadet Law Enforcement Academy co-sponsored by The Kansas American Legion, The Kansas American Legion Auxiliary, and The Kansas Highway Patrol.

Signature of High School Representative

Essay

Please tell us in your own words why you want to attend the Cadet Law Enforcement Academy
(50-100 words)

**Don't forget to include the
Sports Physical**

**CADET LAW ENFORCEMENT ACADEMY
MEDICAL AUTHORIZATION**

As the parent/guardian of the minor below, I request that in my absence this minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment deemed necessary.

NAME OF MINOR		
Last:	First:	Middle:
Date of Birth:		
Known allergies, including any allergies to medicine:		
Any other medical problems which should be noted:		
Family Physician:	Phone:	Fax:
Address:	City:	Zip:
Name of Parent/Guardian:		
Cell:	Work phone:	
Address:	City:	Zip:
Place of employment:	Address:	Insurance Carrier
Group #	Policy #	
Person to notify if Parent/Guardian is unavailable:		
Cell Phone:	Work Phone:	

Signature of Parent/Guardian: _____

MEDICAL AUTHORIZATION FOR PARTICIPATION IN CADET LAW ENFORCEMENT ACADEMY

**To be completed by applicant's physician
or provide a sports physical completed within the last 12 months.**

Email completed form to: Cadetlaw@ks.gov

or mail to:
Kansas Highway Patrol
Attention: Cadet Law
122 SW 7th Street, Topeka, Kansas 66603

NAME OF MINOR		
Last:	First:	Middle:
Date of Birth:		

- | | | | |
|--------------|---------------------|---------------|---------------|
| Appendicitis | Diphtheria | Lung Trouble | Sinus Trouble |
| Asthma | Ear Trouble | Measles | Small Pox |
| Chicken Pox | Heart Trouble | Mumps | Typhoid Fever |
| Convulsions | Indigestion | Pneumonia | |
| Diabetes | Infantile Paralysis | Scarlet Fever | |

List all allergies, including allergies to medication:
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Date of last Tetanus Shot:	Polio immunization	Yes	No
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WHAT IS THE CONDITION OF:	
Heart:	Lungs:

Ears:	Eyes:
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Throat:	Skin:
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Are there any prescribed medications?	If Yes, please list:
Yes No	

Is the applicant under medical treatment?	If Yes, for what? Please be specific:
Yes No	

List existing disabilities, if any:

I certify that the above named applicant is physically able to compete in the Cadet Law Enforcement Academy physical program.

Physician's Signature _____ Date: _____