



The American Legion, Department of Michigan Student Trooper Program

Program Date: July 15-20, 2018

INSTRUCTIONS: Available to **only** Michigan high school students entering 10th, 11th and 12th grades, age 16 to 18. Qualifications are must be in good health, capable of strenuous exercise, handle strict discipline; minimum G.P.A. of 2.5 or higher, must have **no** juvenile or criminal record, and have an interest in criminal justice. All forms must be completely filled out. Failure to do so may jeopardize acceptance into the program. Submit all forms along with a check for \$390 from your sponsor (**sponsors are clubs, high schools, churches, businesses, organizations, and family**) to The American Legion, Department of Michigan, 212 North Verlinden Ave., Ste. A, Lansing, MI 48915 by the **deadline date of May 25th, 2018**. **Refund Policy: Full refund to sponsors by faxing non-attendance to 517-371-2401 or by emailing to legion@michiganlegion.org prior to June 22, 2018. No refunds starting June 22nd.**

APPLICANT'S INFORMATION:

Full Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: Michigan Zip: _____ Telephone: (____) _____

Email Address: _____

Height: ____' ____" Weight: _____ Age: _____ Grade Entering in Fall 2017: 10th 11th 12th

Gender: Male Female T-Shirt Size : S M L XL

Father's Name: _____ Mother's Name: _____

Special Food Diets (Mark any items that apply): Vegetarian Food Allergy _____
(attach list if needed)

PARENT(S) INFORMATION IF DIFFERENT FROM APPLICANT:

Address _____ City: _____

State: _____ Zip: _____

Telephone: _____

Brief statement of why you want to attend the program:

HIGH SCHOOL INFORMATION: This information needs to be provided by your high school.

High School Attending: _____

Cumulative G.P.A.: _____ Signature Verification of G.P.A.: _____

High School Official

PHYSICAL EDUCATION TEACHER OR COACH: The agility test needs to be conducted and signed by your high school's physical education teacher or coach. The agility test consists of 10 Sit-ups, 5 Push-ups and a ½ Mile Run (run has a 4 ½ minute time limit) and must be completed within a **10 minute time period.**

High School P.E. Teacher's
or Coach's signature: _____ Date: _____

SPONSORSHIP INFORMATION (Sponsor(s) Pay Program Fee of \$390) See refund policy on Page 1:

Name of Sponsoring Organization (If More Than One Sponsor, List Them By Primary Sponsor First and the Amount of Their Contribution:

NAME	AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____

Address: _____

City: _____ State: _____ Zip: _____

Sponsor's
Email Address: _____

Contact Sponsor Person's Name: _____ Telephone #: _____

Recruiter's Name (if different from Sponsor): _____

Address: _____

City: _____ State: _____ Zip: _____

Applicants will be contacted after the May 25th, 2018 deadline to notify them of their acceptance or denial along with further information on the program. Questions can be sent to legion@michiganlegion.org.

These forms **MUST** be returned along with the Student Trooper Application by the deadline date of May 25, 2018:

THE AMERICAN LEGION DEPT OF MICHIGAN
Attn: Student Trooper Program
212 N. Verlinden Ave Ste. A
Lansing, MI 48915
Tx: 517-371-4720 ext. 23 Fax: 517-371-2401

HEALTH STATEMENT

PARENT/GUARDIAN: *This form must be completed and returned prior to your child reporting to the Training Academy. A physical examination performed within the last year by a qualified physician (family doctor, redi-care center or sports physical) is required.*

STUDENT'S NAME: _____

(First)

(Last)

(M.I.)

Date of Birth: _____

PHYSICIAN: Please indicate below any physical/mental condition which should be known to the school commander. Include diabetes, infections, allergies or any recent illness or injury that could affect participation in "strenuous" physical exercises. Include medicinal allergies and also list any medication the above student may be taking.

THE FOLLOWING SIGNATURE IS REQUIRED INDICATING THAT TO THE BEST OF YOUR KNOWLEDGE THE ABOVE NAMED STUDENT IS CAPABLE OF STRENUOUS PHYSICAL EXERCISE WITH NO RESTRICTIONS.

Date of last physical exam: _____

Physician's Signature: _____

Address: _____

City, State, Zip: _____

Phone #: _____

(OVER)

RESPONSIBILITY RELEASE

I _____, parent/guardian of _____
assume full responsibility for the above-named Student's participation in the Student Trooper Academy conducted by the Michigan Department of State Police and the American Legion on July 15-20, 2018. This includes travel to and from training sites and/or field trips.

My child is not presently under medical care for any physical or mental ailment, nor does he/she have any present or previous injury or illness which may be aggravated by strenuous physical activity. I understand that the student will be closely supervised and that first aid will be available at the school. I further understand that if an accident, injury, or serious illness develops, outside medical and/or hospital care will be sought. I also understand that should it become necessary to seek emergency treatment for my child, my health insurance will be used to cover all medical expenses.

I give my permission for qualified medical personnel to perform emergency treatment and/or surgery as recommended by the attending physician.

In the event that Sgt. Matt Warzywak, or his representative, contacts me to pick up my child, I will do so upon the time given to me.

(Signature - Parent/Guardian)

(Date)

PARENT/GUARDIAN INFORMATION -- PLEASE TYPE OR PRINT LEGIBLY

(Name) _____

(Address)

(City) (Zip Code)

(Area Code) (Home Phone)

(Area Code) (Business Phone)

(Employer)

(Address) (City)

(Health Insurance)

(Policy/Group Number)

PLEASE LIST A PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY IF THE PARENT/GUARDIAN CANNOT BE REACHED.

(Name)

(Relationship)

(Address)

(City)

(Area Code) (Home Phone)