



New Hampshire Police Cadet Training Academy

(A program sponsored by the NH Troopers Foundation, Inc.)

Mailing Address: P.O. Box 4234 Concord, NH 03302 Phone: (603) 276-4113

Website: www.nhpcta.org Email: nhcadetacademy@gmail.com



<u>Academy Commander</u> Sergeant Justin D. Rowe	<u>Assistant Commanders</u> Lt. Anne Gould-Leadership Academy Ofc. Jill Bonan- Advanced Academy Chief Samuel W. Frank II- Basic Academy Det. Jaclyn McIver- Basic Academy	<u>Academy Coordinator</u> Ret. Lt. Pierre Pouliot <u>Administrative Assistant</u> Amie Zinn
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DO NOT RETURN THESE INSTRUCTIONS WITH YOUR APPLICATION PACKET

All youth and parents must read the following instructions before completing the application packet. The packet entails several forms and requires substantial information. No packet will be accepted without complete information.

- A. **The application packet consists the following documents:** registration form; medical forms; release and waiver of liability form; NHPCTA Staff Member's endorsement page; release to provide contact information to NHTI; release to use the Cadets' picture in releases or the web site. Additional forms that can be uploaded separately are the application for tuition assistance for the Cadet Academy.

Form Completion- The enrollment form *must* be fully completed with all signatures and information in place. Missing information will cause the application to be returned or an incorrect shirt size to be issued. Please write legibly, especially when writing out the email address. Cadets age 18 or older are not required to have a parent signature.

All information for the medical form is required. No missing information is allowed. If the parents have chosen not to have their child immunized, please note that on the form. A medical exam must have been completed within the past 365 days. The Physical Examination Form which is included in this packet must be completed, no others will be accepted. Parents with questions about medical conditions may contact the Academy Nurse – Janine Riley by phone at: 603-477-9555 or by email: bdjd@comcast.net.

First year Cadets (Basic Academy only) applicants *must speak* with a NH Police Cadet Training Academy Staff member to be interviewed prior to acceptance. **NHPCTA Staff will reach out to the Basic Cadet applicants to schedule a time to speak by phone after we receive the completed application.** Returning Cadets from a prior year do not need to be interviewed again.

The two release forms are at the discretion of the parents. Not signing or submitting the releases will not affect the application status.

- B. Any Cadet/family needing assistance with the \$200 tuition fee is urged to complete the tuition assistance application, which can be obtained by contacting the Academy Administrative Assistant, Amie Zinn by email: Amie.N.Zinn@dos.nh.gov . The form must be fully completed to be considered.

- C. **Payment-** A payment of \$200 by check or money order, or printed receipt of an on-line payment must be included in with the application. (**Checks made payable to: NH Troopers Foundation, Inc.**)

Payments will gladly be returned if a Cadet withdraws prior to the time the enrollment numbers are committed to the host and food service provider, usually two weeks before the Academy starts. Fees and costs, as well as declined enrollment will be assessed for any payment with a bad check.

- D. **Confirmation** -An email will be sent from the Academy Administrative Assistant, Amie Zinn: Amie.N.Zinn@dos.nh.gov to the address provided on the application with confirmation material attached to the email. **This is the only notice you will get so do not lose it.** It should be reviewed by the parents and Cadet.

List of items not allowed at the Academy.

We have found it is easier to tell Cadets what can't be brought. The list is as follows:

1. No Electronics. If it has an on/off button, it is not allowed. **This includes cell phones.**
2. No Food. (Cadets may not have anything that enters the body other than medications that will be given to the nurse.)
3. No weapons of any kind. This list includes firearms and knives of any kind, etc.
4. No Pornography of any type.
5. No books, magazines or other reading or entertainment material.
6. No Illegal drugs of any kind, alcohol and tobacco. All prescriptions and over the counter medications will be turned into, and administered by the nurse. (Again, if you can put it into your body and it isn't given to you by the Academy Nurse or Academy Food Staff personnel, it cannot be brought.)

A complete packing list of required gear and equipment will be sent with the confirmation packet when an applicant is accepted into the program.

If you have any questions or need further information, please feel free to contact the Academy Commander, Sgt. Justin D. Rowe by email at: nhcadetacademy@gmail.com, or me, the Academy Coordinator, by email at: Pierre.Pouliot@goffstownnh.gov. We look forward to another great year at the 2021 NH Police Cadet Training Academy.

Sincerely,



Retired Lieutenant Pierre Pouliot
Academy Coordinator

REGISTRATION APPLICATION
2021 Session, June 19 to June 25, 2020

IT IS ABSOLUTELY IMPERATIVE THAT ALL INFORMATION REQUESTED BELOW IS SUPPLIED WITH THE RETURN OF THE APPLICATION. Incomplete applications may cause an unnecessary delay, which may result in the applicant being denied or rejected. Applications are on a first come- first serve basis based upon the 2021 availability numbers for Cadets.

Review the enrollment instructions prior to completing this enrollment packet. This form may be copied.

ENROLLMENT FEE- \$200.00 MAKE ALL CHECKS PAYABLE TO: NH Troopers Foundation, Inc.
(INCLUDE PRINTED RECEIPT IF PAID ON-LINE BY CREDIT CARD)

Completed applications and checks can be mailed to the following address:

**NHPCTA
PO Box 4234
Concord, NH 03302**

If you're paying online via the Academy's website, then completed applications can be emailed by PDF to the Academy's Administrative Assistant, Amie Zinn, at: Amie.N.Zinn@dos.nh.gov. Please make sure to include the confirmation of online payment code provided after paying online.

NAME: _____
(As it should appear on the graduation certificate)

DATE OF BIRTH: _____
(Must be between 14-20 years old on registration day)

MAILING ADDRESS: _____ **E-MAIL:** _____
CITY/TOWN: _____ **STATE:** _____ **ZIP CODE:** _____ **Telephone** (____) ____ - _____

Gender: _____ **Parent(s) Approval (signature):** _____ **T-Shirt Size (S-XXL)** _____

Questions should be directed to the Academy Commander, Sgt. Justin Rowe, at: nhcadetacademy@gmail.com.

Check the appropriate session applying to:

_____ BASIC SESSION

_____ ADVANCED SESSION - Basic Year attended _____

_____ LEADERSHIP SESSION - Advanced Year attended _____

I wish to attend the 2021 session of the New Hampshire Police Cadet Training Academy. Enclosed is payment for \$200.00, which will cover the cost of rooms & meals, notebooks, classroom materials, hat, t-shirt and other needed supplies and equipment. I understand if I do not complete the program all issued equipment will remain the property of the New Hampshire Police Cadet Training Academy.

Applicant's Signature: _____

LEADERSHIP and ADVANCED classes will report on Saturday, June 19, 2020 at **9:00 a.m.** BASIC Cadets will report on June 19, 2020 at **9:30 a.m.** to the NH Technical Institute 31 College Drive Concord, NH.

(REFER TO THE ATTACHED FIRST DAY OF ARRIVAL INSTRUCTIONS)

THE NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY RESERVES THE RIGHT TO REFUSE ANY APPLICATION.

RN initials_____

NHPCTA

NHPCTA Parental Consent and Release Form

Please read the entire form and sign on both sides. If there is anything about this form or the activity described that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.

I, _____, am the parent or guardian of
Print

_____, who desires to participate in the following: **2021 NHPCTA week.**
Print

Date of Activity: **June 19 -25, 2021**

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my cadet's involvement and consent to my cadet's participation in the above described activity. By signing this form you, as the parent or guardian, are acknowledging that your cadet will be involved in these activities and will be following all rules and regulations of the NHPCTA (even if the cadet is 18). If your cadet violates NHPCTA rules and behavior warrants it, you will be responsible for coming to pick your cadet up. Should your cadet's behavior be such that EMS or Local Law Enforcement need to be contacted that will happen and you will be required to pick your cadet up at your expense as well. Any damage to the Academy will be the direct responsibility of the parent/guardian of the cadet involved.

Parent or Guardian: _____ Date: _____
Signature

Insurance Information

Is the participant covered by family medical/hospital insurance? ____ Yes ____ No

If so, indicate carrier or plan name _____ Group # _____

Over-the-Counter Medications That will be available: Cadets do not need to bring are listed below

NHPCTA has my permission _____
(Parent/Guardian)

to assist my cadet _____ in the administration of the following over-the-counter medications, if needed while at the Academy:
(Name of Cadet)

(Yes)	(No)	Medication	Dose
		Acetaminophen/Tylenol	As recommended for age/weight
		Ibuprofen/Advil	As recommended for age/weight
		Antacid/Tums	As recommended for age/weight
		Diphenhydramine/Benadryl	As recommended for age/weight
		Cough Drops	As directed on label
		Anti-itch cream	As directed on label
		Antibiotic cream	As directed on label
		Orajel	As directed on label

I authorize the NHPCTA to assist my cadet in taking prescribed medication and the Over the Counter Medications listed above, and agree that I/we will not hold liable any member of the Academy staff or an individual of official capacity who is directed by me to assist my cadet, in the taking of medication or side effects that may occur from administration of above medications and treatments. All health information must be current and up to date with appropriate documentation given to the Academy for review prior to attending this Academy.

Parent/Guardian Signature:

Date

NHPCTA
PHYSICAL EXAMINATION FORM
(To Be Completed by Physician)

Name: _____ Date of Birth: _____

List Any Routine Medications Currently Taking: _____

List Any Medication Allergies Here: _____

**** PLEASE ATTACH A COPY OF ALL IMMUNIZATIONS ****

HEALTH HISTORY (give dates):

Allergy _____ Heart Disease _____

Epi-Pen Required _____ Hospitalizations _____

Serious Injuries _____ Orthopedic _____

Ear Infections _____ Transplants _____

Concussion _____ How Many _____ Length of Treatment _____ Current Status _____

Seizure Disorder _____ Emergency Medication _____

Diabetes _____ Treatment _____

Asthma _____ Inhaler _____

*****AN EMERGENCY ACTION PLAN IS REQUIRED AND MUST BE ATTACHED FOR: ASTHMA, DIABETES, SEIZURE AND ALLERGIES*****

PHYSICAL EXAM:

Normal _____

Exceptions/abnormalities _____

Vision		Blood Pressure		O2 Saturation	
Corrective Lenses		Heart Rate		Height	
Hearing		Respirations		Weight	
Hearing Aids/FM System		Temperature			

DEVELOPMENTAL:

Normal _____ Delayed _____

Recommendation regarding medical/developmental needs: _____

MAY PARTICIPATE IN (Strenuous physical activity, marching, hiking, athletic competitions, exposure, fatigue, highly elevated stress levels):

ALL FORMS OF ATHLETICS FOR ONE CALENDAR YEAR: YES ____ NO ____

ANY RESTRICTIONS: _____

COMMENTS _____

DATE OF EXAM: _____ PHYSICIAN SIGNATURE _____

PHYSICIAN NAME _____

PHYSICIAN ADDRESS: _____ PHONE NUMBER: _____

PARENT/GUARDIAN SIGNATURE _____

****THIS FORM IS ONLY VALID ONE YEAR FROM DATE OF EXAM****

NHPCTA
Prescription Self Medication Order and Permission Form
(For Healthcare Provider use)

THIS SECTION TO BE COMPLETED BY PARENT:

I give my permission for _____ to release information to the **NHPCTA**
(Name of Physician)
concerning medication prescribed to my cadet, _____ **D.O.B.** _____
(Name of Cadet)
Date _____ **Signature of parent/guardian** _____

Please return to the NHPCTA Nurse

****TO BE COMPLETED BY PHYSICIAN ONLY****

(A separate form is needed for each prescription)

Per ED311.02 (e) (1) a-1 the following information must be entirely completed.

Medication _____

Directions _____

(Including frequency, time given, route of administration, and dosage.)

Beginning Date _____ **Ending Date** _____

Diagnosis/Reason for prescription _____

Specific recommendations for administration and/or special side effects, contraindications and adverse reactions to be observed _____

Print Name of Physician/Provider _____

Signature of Physician/Provider _____

Address _____

Phone Number _____ **Emergency Phone#** _____

Date _____

****Permission for Self-Administration of Inhalers, Epi-Pens, and Diabetes Insulin Only****

I _____ authorize _____ be allowed to self-administer the following:
(Print Name of Physician) (Print Name of Cadet)
_____ while at NHPCTA. This cadet may carry the medication on their person.

Date: _____

Physician Signature _____

(Please Note: In addition parents must complete a Medication Administration Request and Consent Form. This form does NOT require physician/ provider signature.)

NEW HAMPSHIRE TECHNICAL INSTITUTE CONTACT INFORMATION

The Administration of NHTI would like to develop a list of Cadets who attend the 2021 New Hampshire Police Cadet Training Academy so that after high school graduation, they may contact you as a prospective student with enrollment information as well as track Cadet Academy graduates who matriculate into their academic programs. If you wish to allow us to share your child's (or your information if you are 18 years old or older) please complete the attached form and submit it with your enrollment packet.

Cadet Name: _____ Age: _____

Mailing Address: _____

Telephone: _____ E-Mail: _____

Current High School: _____

Anticipated Year of Graduation: _____

I authorize the Program Coordinator of the 2021 New Hampshire Police Cadet Training Academy to share my (or my child's) contact information with the Administration of the New Hampshire Technical Institute for recruitment and enrollment tracking purposes.

Cadet or Parent signature if less than 18 years old: _____

Date: _____

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**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY
AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way, in any event, in any activity, at any time, during the current NH Police Cadet Training Academy, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that:

(a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks");

(b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;

(c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the New Hampshire Troopers Foundation, Inc. and the New Hampshire Police Cadet Training Academy, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

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PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____

DATE: _____

MINOR RELEASE: (must be completed by Parent/Guardian for any participant under the age of 18)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE (if participant is under the age of 18): _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____

DATE: _____

2021 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY
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RELEASE OF INFORMATION

During the course of the week of the NH Police Cadet Training Academy is in operation, we are occasionally visited by members of the print, television and other media agencies requesting to do a story on our program. We also take pictures of the Cadets for use on our website www.nhpcta.org, as well as promotion of other programs of the NH Troopers Foundation, Inc.

The Cadet Academy also maintains a Facebook page and posts highlights of the day's activities. The Facebook page is also used to promote the program and encourage others to attend.

By affixing a signature on this form parents of Cadet under age 18, or Cadets age 18 or older, hereby give permission for their child's name, age, hometown and/or image to be used by visiting media and for internal use by the Staff of the NH Police Cadet Training Academy and the NH Troopers Foundation, Inc. or his designee.

Cadet's Name: _____ Age: _____

Hometown: _____

Parent Signature (required for all Cadets under age 18): _____

Cadet Signature (all Cadets regardless of age): _____

Date: _____

***** IMPORTANT INSTRUCTIONS AND NOTICES FOR THE 2021 NHPCTA ACADEMY *****

- The 2021 Academy is operating under strict State of New Hampshire and Federal Center for Disease Control guidelines for COVID-19 safety precautions.
- We are complying with the State of New Hampshire's COVID-19 REOPENING GUIDANCE for Overnight Camps as outlined by the Governor's Economic Reopening Taskforce.
- Strict safety guidelines for the first day of arrival by attending Cadets and their families will be adhered to. **(Arrival instructions will be forwarded with your acceptance packets)**
- All staff and cadets will be ***required*** to have completed a Covid 19 molecular PCR test completed and dated within 48 hours prior to arriving at the first day of the academy ***and*** have documentation of a negative test result with them when they check in for the first day of arrival.
 - Only exceptions will be Staff and Cadets who are completely vaccinated (both shots) ***and*** who are post 14 days of their second shot prior to the first day of arrival at the academy ***and or*** Staff and Cadets who have been confirmed to have had the disease in the previous 90 days prior to the first day of the academy. (You must show proof of full vaccination and/or proof of having a confirmed case of Covid-19 within past 90 days prior to the first day of the academy).
- The graduation ceremony will unfortunately have to be contained to just Staff and Cadets this year. No families or friends will be allowed to attend to keep the safety of the Staff and Cadets at Graduation. We do plan on live streaming the graduation ceremony via an online link so that families and friends may watch the ceremony safely from another location. **(Further information outlining the Graduation date/time and live streaming online link will be sent with the acceptance packet) ***If conditions improve and the safety measures are lifted then updated graduation information will be provided to the families as we get closer to the start of the academy. *****
- Parents should plan to arrive back at the NHTI campus (Langley Hall) to pick up their Cadet(s) on the final day of the Academy after graduation. The Cadets will have already packed their belongings prior to the Graduation ceremony and they will be released to parents after returning to Langley Hall after the ceremony concludes. **(Again, further information outlining the Graduation date and time will be sent with the acceptance packet.)**