



NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY

C/o Washington Police Department
5 Halfmoon Pond Road
Washington, NH. 03280-3102

Phone: 603-495-3294 Fax 603-495-1320

E-mail: NHPCTA@nhchiefsofpolice.com

http://www.nhchiefsofpolice.com/Cadet_academy.htm

Chief Vincent A. Baiocchetti III
Commander

Chief Steven I. Marshall
Academy Coordinator

Assistant Commanders
Lt. Anne Gould
Sergeant Pierre Pouliot

Dear Candidate,

This packet includes all the forms you will need to apply to the NH Police Cadet Training Academy. The 2010 session will be June 26-July 2, 2010. Regardless of the class you are enrolling in, these forms are required. Before submitting the forms, please be sure that all signatures are in place, fees are included, all information (*especially* insurance holder and policy number) is included and all forms are returned. Failure to complete any of these will result in the forms being returned.

You and your parents should complete the Health History Form. The Physical Exam form needs to be completed by your health care provider (or comparable form from their office attached). If you have had a recent physical (annual check-up or sports physical) you need not return for another physical. As long as your health care provider is comfortable signing the form based on your last exam (not more than 2 years), we can accept that.

We expect a large enrollment for 2010 and are limited in the number of Cadets we can enroll. Applications will be accepted in order of completed packets received. Should you have any questions, please contact me promptly. I look forward to seeing you at Hesser College for the 37th Basic, 29th Advanced and 13th Leadership sessions of the NH Police Cadet Training Academy.

We anticipate there may be some problems with school districts still being in session when the program starts. If that effects your enrollment, please contact me. We have a package to submit to School Boards and Administrators explaining what the Cadet Academy is, and requesting acceptance of the program as academic time. The Officer Renee Forcier Memorial Scholarship from the Dunbarton Police Association may be available to assist applicants with a financial need.

If you have any questions, or need further information, please feel free to contact me through any of the methods listed above. Thank you.

Respectfully,

Steven I. Marshall, Chief of Police
Academy Coordinator

C.c.: File

**2010 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY
REGISTRATION APPLICATION**

**2010 Session, June 26- July 2, 2010.
Graduation - July 2, 2010 at 4:00.p.m.**

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. The fee of \$125 MUST BE attached to this application and is refundable until the registration numbers have been committed to the host facility. ALL SUPPLIED FORMS ARE MANDATORY AND MUST BE RETURNED OR THE APPLICANT WILL BE REFUSED. THE 2010 SESSION WILL BE HELD AT HESSER COLLEGE, SUNDIAL AVENUE, MANCHESTER, NH. This form may be copied.

MAKE ALL CHECKS PAYABLE TO: New Hampshire Police Cadet Training Academy

Forward all forms and payments to: New Hampshire Police Cadet Training Academy
Washington Police Department
5 Halfmoon Pond Rd.
Washington, NH. 03280-3102
NHPCTA@nhchiefsofpolice.com

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

THIS PORTION IS MANDATORY!

I have interviewed the above named applicant and feel that they meet the standards required for attendance. They have demonstrated the willingness to participate and understand what will be required of them, physically and mentally.

Local Chief's Approval: _____ Department: _____

Questions should be directed to the Commander, Chief Vinnie Baiocchetti, Belmont Police Department, 267-8351

Check the session applying to:

_____ BASIC SESSION (80 Cadets accepted)
_____ ADVANCED SESSION (30 Cadets accepted) - Basic Year attended _____
_____ LEADERSHIP SESSION (15 Cadets accepted) - Advanced Year attended _____

I wish to attend the 2010 session of the New Hampshire Police Cadet Training Academy. Enclosed is a check for \$125.00, 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, and the fee is non-refundable. The program is jointly sponsored by the New Hampshire Police Association and the New Hampshire Association of Chiefs of Police.

Applicant's Signature: _____

LEADERSHIP and ADVANCED classes will report on Saturday, June 26, 2010 at 9:00 a.m. BASIC Cadets will report on June 26, 2010 - 9:30 a.m. to Hesser College in Manchester, NH.

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

**2010 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY
HEALTH AND MEDICAL RECORD**

NOTE TO PARENTS/GUARDIAN: THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY YOU. IF ANY OF THE INFORMATION IS MISSING, THIS FORM, ALONG WITH THE APPLICATION WILL BE RETURNED TO YOU AND THE APPLICANT WILL BE REJECTED. This form may be copied.

Name _____ Date of Birth _____ Age at Session _____
Last First Middle

Home Address _____
Street Address City State Zip

Social Security Number of Participant _____ Gender: Male Female

Custodial parent/guardian _____ Phone _____

Home address (if different from above) _____
Street Address City State Zip

Business address _____
Street Address City State Zip

Second parent or guardian or emergency contact _____

Address _____ Phone _____
Street Address City State Zip

Business address _____ Phone _____

If not available in an emergency, notify:
Name _____

Relationship _____ Phone _____

Address _____
Street Address City State Zip

Insurance Information

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

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

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No	Yes	No
1. Had any recent injury, illness or infectious disease?.....	___	___	17. Ever had problems with joints (e.g. knees, ankles)?.....	___
2. Have a chronic or recurring illness/condition?	___	___	18. Have an orthodontic appliance being brought to camp?.....	___
3. Ever been hospitalized?.....	___	___	19. Have diabetes?.....	___
4. Ever had surgery?.....	___	___	20. Have asthma?.....	___
5. Have frequent headaches?.....	___	___	21. Had mononucleosis in the past 12 months?.....	___
6. Ever had a head injury?.....	___	___	22. Had problems with diarrhea/constipation?.....	___
7. Ever been knocked unconscious?.....	___	___	23. Have problems with sleepwalking?.....	___
8. Wear glasses, contacts or protective eye wear?	___	___	24. If female, have an abnormal menstrual history?.....	___
9. Have allergies requiring use of Epi-pen?.....	___	___	25. Have a history of bed-wetting?.....	___
10. Ever passed out during or after exercise?	___	___	26. Ever had an eating disorder?.....	___
11. Ever been dizzy during or after exercise?	___	___	27. Ever had emotional difficulties for which professional help was sought?.....	___
12. Ever had seizures?.....	___	___		
13. Ever had chest pain during or after exercise?	___	___		
14. Ever had high blood pressure?.....	___	___		
15. Ever been diagnosed with a heart murmur?	___	___		
16. Ever had back problems?.....	___	___		

Please explain any "yes" answers, noting the number of the questions.

PARENTS' AUTHORIZATION is required for those under 18 years of age. This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities, except as noted by the physician and me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to provide emergency care, to hospitalize, secure proper anesthesia, or to order injections or surgery.

Parents' Authorization Signature(s): _____

(NOTE: this is a two-sided/two page form. Both pages **MUST** be completed and submitted with the application and fee. This form may be copied.)

**2010 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY
PHYSICAL EXAMINATION FORM**

Name: _____ Date of Birth: _____ Age: _____

Allergies to Medicine: _____

Routine Medications: _____

IMMUNIZATIONS (month/day/year): Mandatory for acceptance

DTaP/DPT _____ Td _____

IVP/OPV _____ MMR _____

HIB _____

Hep B _____ Tuberculin test (if indicated) Date _____ Result _____

Varicella _____

HEALTH HISTORY (give specifics)

Allergy – food _____ Heart Disease _____

Allergy – other _____ Operations _____

Asthma _____ Serious Injuries _____

Chicken Pox _____ Strep Throat _____

Diabetes _____ Seizures _____

****The applicant will be participating in several strenuous activities that will include one or more of the following conditions: athletic competitions, exposure, fatigue, and highly elevated stress levels. After the examination, please summarize any restrictions and/or recommendations.**

DATE OF EXAM: _____

Height: _____ Blood Pressure: _____ Vision: _____

Weight: _____ Heart Rate: _____ Hearing: _____

PHYSICAL EXAM:

Normal: _____

Exceptions/abnormalities: _____

EVALUATION: Approved for participation in:

[] Hiking, Marching, Drill Instruction [] Water Activities [] All Activities

Specific Exceptions or Restrictions: _____

Signature of Licensed Medical Provider _____

Printed _____ Date _____

Address _____

Phone _____

(NOTE: this is a two-sided/two page form. Both pages MUST be completed and submitted with the application and fee. This form may be copied.)

YOUTH PARTICIPANT

Post number:

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application Transfer from council number:

Post number:

E-mail:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames) Middle name Last name Suffix

Country Mailing address City State Zip code

Home phone - - Date of birth (mm/dd/yyyy) / / Grade

Ethnic background:
 African American Native American Alaska Native Asian
 Caucasian/White Hispanic/Latino Pacific Islander Other

School

Gender: Male Female

Parent/guardian information Mark here if address is same as above.

Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship: Parent Guardian Grandparent Other (specify)

First name (No initials or nicknames) Middle name Last name Suffix

Country Mailing address City State Zip code

Home phone - - Date of birth (mm/dd/yyyy) / / Occupation Employer Gender: M F

Business phone - - Ext. X Previous Exploring experience Cell phone - -

Parent/guardian e-mail address

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

/ /

Signature of post leader

Signature of parent/guardian

6001 Registration fee \$.

Signature of Explorer

LOCAL COUNCIL COPY

28-309 Retain on file for three years.