San Diego County Law Enforcement Explorer Academy University of California San Diego

ACADEMY REGISTRATION FORM

Name:				
Address: City, State, Zip:				
Home Phone: ()	Age:	Gender:	Post Position:	
EMERGENCY CONTACT:				
Name:				
Address:		City, State, Zip	D:	
Phone Numbers:	ome	Work	Other (Cell)	
Relationship:				
Sponsoring Agency:				
Agency Name:	ncy Name: Advisor's Name:			
Agency Address:				
Advisor's Phone:		Agency Phone:		
Class Placement:				
Select One: Basic (Phase 1)	Intermediate (F	Phase 2) Adv	vanced (Phase 3) Advisor	
I have/have not attended price	or Academy trainin	ng Where	e/When	
met the minimum physic am aware that the Acad	cal fitness standards demy has adopted	s established by the certain rules to fos	acement in the requested class and ha e San Diego County Explorer Academy. ter an atmosphere of learning and safet and I agree to abide by them at all time	
Explorer's Signature	Advisor's Signature			