



# San Diego County Law Enforcement Explorer Advisor Association **REGISTRATION FORM**

## 2020 San Diego County Explorer/Cadet Academy

<b>PHASE PLACEMENT (SELECT ONE):</b>	<b>PHASE 1 - BASIC</b> <input type="checkbox"/>	<b>PHASE 2 - INTERMEDIATE</b> <input type="checkbox"/>	<b>PHASE 3 - ADVANCED</b> <input type="checkbox"/>
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### EXPLORER/CADET REGISTRATION INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last (as it will read on your certificate) First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date-of-birth: \_\_\_\_\_ Age (on 06/20/2020): \_\_\_\_\_ Male / Female: \_\_\_\_\_

Are you a member of Public Safety Cadets? YES  NO  If yes, Unit # \_\_\_\_\_

Are you a member of Learning for Life? YES  NO  If yes, Post # \_\_\_\_\_

Do you have any dietary restrictions? YES  NO  \*If yes, you MUST complete and submit the UCSD form\*

If yes, explain: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### SPONSORING AGENCY / ADVISOR ATTENDING ACADEMY

Agency: \_\_\_\_\_ Dispatch Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Advisor: \_\_\_\_\_ Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**COMPLETE AND SUBMIT THESE FORMS BY FRIDAY, MARCH 13, 2020.**

AGENCY: \_\_\_\_\_ PHASE/SQUAD: \_\_\_\_\_ AGE: \_\_\_\_\_ F / M LAST: \_\_\_\_\_

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# San Diego County Law Enforcement Explorer Advisor Association LIABILITY WAIVER

## 2020 San Diego County Explorer/Cadet Academy

### EXPLORER/CADET (ALL ATTENDEES MUST COMPLETE AND SIGN)

I, \_\_\_\_\_, (Explorer/Cadet) sponsored by \_\_\_\_\_ (Agency) certify my answers and the information provided are true and complete to the best of my knowledge. I have met the prerequisites for the placement in the requested phase and meet the minimum physical fitness standards established by the San Diego County Explorer Academy. I am aware the Academy has adopted rules and requirements to foster an atmosphere of learning in a safe environment for all. I do not hold UCSD or its affiliates liable for any action or inaction on the part of the San Diego County Law Enforcement Explorer Advisor Association (SDCLEEAA), Public Safety Cadets and/or Learning for Life. I have reviewed and read, in its entirety, the 2020 San Diego Explorer Academy policy and procedures. I agree to abide by the policy and procedures while completing my training at the Academy.

Explorer/Cadet (Print): \_\_\_\_\_ Age: \_\_\_\_\_

Explorer/Cadet (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR POLICY & PROCEDURE MANUAL AND GRADUATION INFORMATION VISIT: [WWW.SDCLEEAA.COM](http://WWW.SDCLEEAA.COM)**

### PARENT OR LEGAL GUARDIAN (17 YEARS OF AGE OR YOUNGER)

I, \_\_\_\_\_, (Parent/Legal Guardian) confirm my child \_\_\_\_\_ (Explorer/Cadet) has parental and/or legal guardianship permission to attend the **2020 Explorer Academy, Saturday, June 20, 2020 to Saturday, June 27, 2020 at the University of California, San Diego**. As the parent/legal guardian, I do not hold UCSD or its affiliates liable for any action or inaction on the part of the San Diego County Law Enforcement Explorer Advisor Association (SDCLEEAA), Public Safety Cadets and/or Learning for Life. I have reviewed and read, in its entirety, the 2020 San Diego Explorer Academy policy and procedures. I agree to abide by the policy and procedures while completing my training at the Academy.

Parent/Guardian (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR POLICY & PROCEDURE MANUAL AND GRADUATION INFORMATION VISIT: [WWW.SDCLEEAA.COM](http://WWW.SDCLEEAA.COM)**

### AGENCY VERIFICATION

This document was reviewed by the Agency Advisor \_\_\_\_\_, (Title/Name) employed by \_\_\_\_\_, (Agency) attending and supervising the above listed Explorer/Cadet at the 2020 San Diego Explorer Academy.

Advisor (Signature): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**COMPLETE AND SUBMIT THESE FORMS BY FRIDAY, MARCH 13, 2020.**

AGENCY: \_\_\_\_\_ PHASE/SQUAD: \_\_\_\_\_ AGE: \_\_\_\_\_ F / M LAST: \_\_\_\_\_

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# San Diego County Law Enforcement Explorer Advisor Association **GRADUATION FORM**

**EXPLORER / CADET**

**Explorer/Cadet:** \_\_\_\_\_

FULL NAME (AS IT WILL READ ON YOUR CERTIFICATE)

**Agency:** \_\_\_\_\_

**Phase:** \_\_\_\_\_

**Distinguished  
guest to present  
pin to graduate on  
stage:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

Distinguished guest must be an immediate family member & must be an active or retired Law Enforcement Officer per 832PC.  
Attire: Class A Uniform (active) & Business formal (retired)

The 2020 San Diego County Explorer Academy Graduation will be held on **Saturday, June 27, 2020 at 11:00AM at Bob Hope Theater** (MCAS Miramar Station, 2242 Moore Avenue, San Diego, CA 92126). Due to security precautions and the measures taken to ensure your safety and the safety of your child during the graduation ceremony, USMCAS Miramar Base has a strict guest list policy requiring all graduation attendees register their names and vehicle plates with the hosting agency prior to accessing the base. Please include a list of the attendees and the vehicles below. All attendees, except for children, must have a valid government issued identification card on their person. Vehicles must have current registration and drivers must have a valid driver's license and proof of insurance.

**Guest List**

**Vehicle Information**

	Plate #:
	Make:
	Model:
	Color/Year:
	Plate #:
	Make:
	Model:
	Color/Year:

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AGENCY: \_\_\_\_\_ PHASE/SQUAD: \_\_\_\_\_ AGE: \_\_\_\_\_ F / M LAST: \_\_\_\_\_  
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**UNIVERSITY OF CALIFORNIA, SAN DIEGO**  
**CONFERENCE PARTICIPANT GUIDELINES AGREEMENT**

Conference Participant agrees to respect the rights of other Conference Participants and to behave in a manner conducive to the harmonious group living environment developed and fostered by members of the University community.

Conference Participant agrees to abide by all University policies, and all applicable local, state and federal laws, including those applying to campus activities, organizations, students, alcohol, smoking, and firearms, which are now in effect or will be put into effect from time to time, and hereby acknowledges the receipt of the following:

Conference Participant understand that the University may take appropriate action, including termination of any housing agreements and/or exclusion from entering into future housing agreements, for conduct which is found by the University to be in violation of any such rules, including but not limited to, policies noted above which is incorporated herein by reference, or conduct which is otherwise detrimental to the welfare of the conference participant, employees or the physical properties of the University.

<https://hdh.ucsd.edu/conferences/docs/Participant-Guidelines.pdf>

Explorer/Cadet (Print): \_\_\_\_\_ Agency: \_\_\_\_\_

Explorer/Cadet  
Conference Participant  
(Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**EVENT: 2020 SAN DIEGO COUNTY EXPLORER/CADET ACADEMY**

COMPLETE AND SUBMIT THESE FORMS BY **FRIDAY, MARCH 13, 2020.**

AGENCY: \_\_\_\_\_ PHASE/SQUAD: \_\_\_\_\_ AGE: \_\_\_\_\_ F / M LAST: \_\_\_\_\_  
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San Diego County Law Enforcement  
Explorer Advisor Association  
**OC PERMISSION**

**PHASE 2 – INTERMEDIATE (ONLY)**

I, \_\_\_\_\_, (Parent/Legal Guardian) confirm my child \_\_\_\_\_ (Explorer/Cadet) has parental and/or legal guardianship permission to participate in OC/Pepper ball training at the San Diego County Explorer/Cadet Academy. I am aware my son/daughter will actively and physically participate during this training and will be trained on the effects of Oleoresin Capsicum (OC), otherwise known as pepper spray/pepper ball training. The Explorer/Cadet will conduct a walk-through of the “gas house” and will proceed to a decontamination area. OC is non-toxic, non-flammable and is made from food grade ingredients. OC is used in law enforcement to distract the suspect during a physical altercation and Officers, as well as Explorers/Cadets, may be exposed to the chemical agent in the field. Experiencing the effects of OC in a safe and controlled environment will prevent accidents or panic in the field. The Explorer/Cadet will learn how to deal with and react to the chemical agent in a safe and tactical manner. OC has been known to cause irritation of the eyes, vomiting, a burning sensation, coughing and irritation of the skin. For the safety of the Explorer/Cadet, a trained and certified medical staff will be on site and standing by during the training.

Explorer/Cadet (Print): \_\_\_\_\_ Age: \_\_\_\_\_

Explorer/Cadet (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*\* Phase 2 Explorer must sign this form. Parent must also sign this for if Explorer is 17 or younger\*\*\**

**COMPLETE AND SUBMIT THESE FORMS BY FRIDAY, MARCH 13, 2020.**

AGENCY: \_\_\_\_\_ PHASE/SQUAD: \_\_\_\_\_ AGE: \_\_\_\_\_ F / M LAST: \_\_\_\_\_  
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# San Diego County Law Enforcement Explorer Advisor Association **REGISTRATION PACKET CHECKLIST**

## **REGISTRATION FORMS**

- 1.** Registration Form (Page 1)
- 2.** Liability Waiver (Page 2)
- 3.** Graduation Form (Page 3)
- 4.** UCSD Conference Participant Agreement (Page 4)
- 5.** OC Permission (Page 5)
- 6.** **Submit completed registration forms by March 13, 2020**
- 7.** Learning for Life & Exploring Annual Health and Medical Record

**Due by June 1, 2020** \*\*\* Must receive medical clearance from a license practitioner\*\*\*

- a.** Part A
- b.** Part B (2 pages)
- c.** Part C
- d.** Copy of medical card
- e.** Copy of immunizations
- 8.** UCSD Dietary Restrictions/Aversions Form (Attachment E)

\*\*\* ONLY complete if necessary, submit directly to UCSD\*\*\*

<https://hdh.ucsd.edu/conferences/docs/AttachmentE-MedicalConditions.pdf>

**COMPLETE AND SUBMIT THESE FORMS BY FRIDAY, MARCH 13, 2020**

**ANNUAL HEALTH AND MEDICAL RECORD is due by June 1, 2020**

Scan and email the forms to [SDCLEEAA@GMAIL.COM](mailto:SDCLEEAA@GMAIL.COM) or send the original copies by mail to:

**Chula Vista Police Department  
C/O Agent Pricilla Graton  
315 Fourth Avenue  
Chula Vista, CA 91910**

AGENCY: \_\_\_\_\_ PHASE/SQUAD: \_\_\_\_\_ AGE: \_\_\_\_\_ F / M LAST: \_\_\_\_\_

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