



New Hampshire Police Cadet Training Academy

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



Mailing Address: NHPCTA, PO 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>Academy Nurse</u> Janine Riley	<u>Assistant Commanders</u> Lt. Anne Gould-Leadership Academy Vacant- Advanced Academy Ofc. Joshua Fisher- Basic Academy	<u>Academy Coordinator</u> Lt. (Ret) Pierre Pouliot
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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 contains the following documents:** registration form; medical forms; release and waiver of liability form; release to provide contact information to NHTI and a release to use the Cadets' picture in social media releases or the academy web site.
- B. **Part A is the general registration information section and must be submitted to the general academy email address:** nhcadetacademy@gmail.com

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 e-mail address. Cadets aged 18 or older are not required to have a parent signature.

- C. **Part B is the medical history information section and must be submitted directly to the academy nurse's email address:** bdjd21633@gmail.com

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 Staff Nurse Janine Riley at 603-477-9555 or bdjd21633@gmail.com

First year Cadets (Basic Academy only) are encouraged to speak with a NH Police Cadet Training Academy staff member or their local school resource officer to learn more about our program prior to attending.

The two release forms are at the discretion of the parents. Not signing the releases will not affect the application status (Simply indicate N/A on the forms).

- C. Any Cadet/family needing assistance with the \$200 fee should complete the tuition assistance application, which can be obtained by contacting the Academy's email at nhcadetacademy@gmail.com. The form must be complete to be considered.
- D. Payment-
- a. A payment of \$200 by check or money order, or printed receipt of an on-line payment at our website NHPCTA.org must be included in with the application.
(Checks made payable to: NH Troopers Foundation, Inc.)
 - b. Payments will be returned if a Cadet withdraws prior to the start of the academy.
- E. Confirmation – Once the application has been reviewed and accepted, an email will be sent from the Academy's email, nhcadetacademy@gmail.com to the email 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:

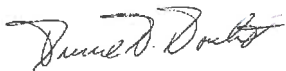
1. No Electronics. If it has an on/off button, it is not allowed. **This includes cell phones.**
2. No Food. (Cadets may not have anything that enters the body other than medications that will be given to the nurse.)
3. No weapons of any kind. This list includes firearms and knives of any kind, etc.
4. No Pornography of any type.
5. No books, magazines, other reading, or entertainment material.
6. No Illegal drugs of any kind, alcohol and tobacco. All prescription 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 email: nhcadetacademy@gmail.com, or me directly by email: Pierre.Pouliot@GoffstownNH.gov

We are still monitoring the ongoing Covid-19 situation within New Hampshire and will adjust our program's safety measures as needed according to State of New Hampshire guidelines and NHTI's Campus Safety Office.

Respectfully,



Pierre Pouliot
Lieutenant (Ret.)
Academy Coordinator

Part A

Part A is the general registration information section and must be submitted to the general academy email address: nhcadetacademy@gmail.com

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 e-mail address.

Cadets aged 18 or older are not required to have a parent signature.

CHECKLIST

- Registration Application (1 page)
- Release and Waiver Form (2 pages)
- Release of Information Form (1 page)
- NHTI Contact Information Form (1 page)

2024 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY
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REGISTRATION APPLICATION
Saturday June 22 to Friday June 28
Graduation – Friday June 28, 2024, at 4:00. p.m.
Grappone Conference Center

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.

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

ENROLLMENT FEE- \$200 **MAKE ALL CHECKS PAYABLE TO: NH Troopers Foundation, Inc.**
(INCLUDE PRINTED RECEIPT IF PAID ON-LINE BY CREDIT CARD)

Completed applications should be submitted electronically if possible. This year's application is in a fillable PDF format so that it can be saved and emailed directly to the Academy's email, nhcadetacademy@gmail.com (Please make sure to include the confirmation of online payment code after paying online.)

We will still allow hard copies of the application and payment checks to be mailed to the below address:

NHPCTA
PO Box 4234
Concord, NH 03302

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)** _____
(BY PRINTING MY NAME, I AM ELECTRONICALLY SIGNING)

Questions should be directed to the Academy Coordinator, Ret. Lt. Pierre Pouliot, at: Pierre.Pouliot@GoffstownNH.gov

Check the session applying to:

_____ **BASIC SESSION** (100 Cadets accepted)
_____ **ADVANCED SESSION** (30 Cadets accepted) - Basic Year attended _____
_____ **LEADERSHIP SESSION** (16 Cadets accepted) - Advanced Year attended _____

I wish to attend the 2024 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: _____
(BY PRINTING MY NAME, I AM ELECTRONICALLY SIGNING)

LEADERSHIP and ADVANCED classes will arrive on Saturday, June 22, 2024, at 9:00 a.m.

BASIC Cadets will report on at 9:30 a.m.

To the front parking lot of Langley Hall at NH Technical Institute located at 31 College Drive Concord, NH.

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

The NH Police Cadet Training Academy is a program sponsored by the NH Troopers Foundation, Inc. a IRS recognized 501C3 corporation under Tax Identification number 82-4941619

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 Releasees, 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.

2024 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY
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PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____
(BY PRINTING MY NAME, I AM ELECTRONICALLY SIGNING)

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): _____
(BY PRINTING MY NAME, I AM ELECTRONICALLY SIGNING)

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

PHONE: _____ DATE: _____

2024 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY
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RELEASE OF INFORMATION

During the week that 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 aged 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): _____

(BY PRINTING MY NAME, I AM ELECTRONICALLY SIGNING)

Cadet Signature (all Cadets regardless of age): _____

(BY PRINTING MY NAME, I AM ELECTRONICALLY SIGNING)

Date: _____

NEW HAMPSHIRE TECHNICAL INSTITUTE CONTACT INFORMATION

The Administration of NHTI would like to develop a list of Cadets who attend the 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 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: _____
(BY PRINTING MY NAME, I AM ELECTRONICALLY SIGNING)

Date: _____

Part B

Part B is the medical history information section and must be submitted to directly to the academy nurse's email address: bdjd21633@gmail.com

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 prior to the start date of the academy.

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, at 603-477-9555 or by email at: bdjd21633@gmail.com

CHECKLIST

- Medical Update and Permission form (1 page)
- Parental Consent and Release form (1 page)
- Physical Examination Form (1 page)
- Prescription Self Medication Order and Permission form (1 page)

NHPCTA
Parental Consent and Release Form
Medical Update and Permission

RN initials _____

INSTRUCTIONS: This form will be provided to the doctor or medical personnel to whom your cadet is taken in the event of a medical emergency while at the NHPCTA. Please complete **ALL SECTIONS** completely and as accurately as possible.

Cadet's Name: _____ Date of Birth: _____

Home Address: _____ Phone: _____
Street Town State Zip

MD Name: _____ Phone: _____

EMERGENCY CONTACTS - PARENT(S)/GUARDIAN (P/G) or OTHER EMERGENCY CONTACT (at least 2)

1. P/G Name: _____ Phone: _____
Work: _____ Cell: _____
2. P/G Name: _____ Phone: _____
Work: _____ Cell: _____
3. Other Contact Name: _____ Phone: _____

CHECK ANY THAT APPLY

My Cadet has:

- No health problems
 A health issue or need which may need consideration while at the NHPCTA (Examples: bee, food, drug, or environmental allergies, chronic illness/problem such as: **Asthma, Diabetes, Seizures, Mental Health Issue**). Explain below.

Allergy: _____
 Cadet requires Benadryl/Diphenhydramine only
 Cadet requires Epi-Pen

Asthma: _____
 Cadet requires inhaler
 The inhaler medication is _____ and should be used as follows:
Time: _____ Dose: _____
Time: _____ Dose: _____

Diabetes: _____
 Cadet requires Insulin (Must have current insulin MD orders attached)

Seizures: _____
 Cadet requires Diastat or Nasal Midazolam (Must have current MD order attached)

Mental Health Issue: (Example: History of Anxiety, Depression, PTSD, Bipolar)
(Explain): _____

*****ALL OF THE ABOVE REQUIRE A CURRENT EMERGENCY MEDICAL CARE PLAN ATTACHED*****

Other (Explain): _____

My Cadet will need other medication while at the NHPCTA and I will deliver it to the **NURSE** in the original labeled container to be taken as follows: (Use separate paper if more than one)
Medication Name: _____ Dose: _____ Time(s): _____

Date of last Tetanus shot: _____

PARENTAL AUTHORIZATION

You have my permission to assist/supervise my cadet in taking the medications listed/checked above. I understand that a nurse, advisor, or other responsible adult designated by the Commander *may* carry my cadet's medication. In case of medical emergency, in the event I cannot be reached, I authorize the NHPCTA, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my cadet by or under the supervision of a duly licensed doctor, dentist or surgeon, or other health care professional.

Parent/Guardian Signature: _____
(BY PRINTING MY NAME, I AM ELECTRONICALLY SIGNING)

Date: _____

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
 _____, who desires to participate in the following: **2024 NHPCTA week.**
 Print
 Print

Date of Activity: **June 22 -28, 2024**

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 student 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 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: _____
 (BY PRINTING MY NAME, I AM ELECTRONICALLY SIGNING)

Insurance Information

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

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

The below Over-the-Counter Medications will be available through the Academy Nurse during the week. (Cadets do not need to bring)

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: (BY PRINTING MY NAME, I AM ELECTRONICALLY SIGNING) _____ DATE _____

**NHPCTA
PHYSICAL EXAMINATION FORM
(MUST 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-(INCLUDING COVID-19 and Boosters)****

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 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****

Rev. 02/2023

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 _____

****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
(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.