Dear Cadet Applicant,

We are pleased that you have shown interest in the Miramar Police Department's Cadet Program. The Cadet program is the best program that young adults can become involved in to learn about a future in law enforcement. We hope that you will be able to attend our weekly meeting and become a member of this worthwhile and rewarding program.

The Miramar Police Cadet Program is set up as an introduction to various phases of law enforcement. It is sponsored by the Miramar Police Department and chartered annually through the Public Safety Cadet Program. The Miramar Police Cadet Program is directed by Miramar Police Department sworn personnel.

To begin the application process, please complete the enclosed application and bring it with you to one of our weekly meetings.

Cadet meetings are held on Thursday evenings from 6:00pm to 9:00pm. The meeting are held at the Miramar Police Department located at 11765 City Hall Promenade, Miramar, FL 33025.

If you have further questions, please contact the Miramar Police Department at 954-602-4000 or e-mail us at Cadets@MiramarPD.org

Our website also contains information regarding our program. Please visit it at www.MiramarPD.org.

A few things you should know about the Miramar Police Cadet unit prior to joining:

You must meet all of the requirements to join the Cadet Program prior to applying, such as: school grades, no serious arrests or convictions, good moral character, etc.

If accepted into the Cadet Program, you will be expected to maintain these standards throughout your stay in the Cadet Unit. If you do not maintain these standards, you could be removed from the program.

If accepted in the Cadet Program, you will be required to purchase the following within one month of acceptance:

- Black BDU pants
- Black Boots
- Handcuffs
- Small Pocket Notepad
- (2) Black Ink Pens

Until a uniform is acquired, you will be required to wear a gray polo style shirt, black pants, and black shoes to meetings and trainings.

If accepted into the Cadet Program, you will be required to maintain good grooming standards on hair length and appearance, facial hair, and general appearance. These standards are to be met by the next meeting after you have been accepted. These standards will also be maintained throughout your stay in the Cadet Program or you could be removed.

Each Cadet is expected to attend 80% of the weekly meetings and at least three (3) community events (details) throughout the year.

As a Cadet, you will be required to accept constructive criticism and occasional discipline. The discipline for minor infractions may include, but is not limited to memos, push-ups and/or running. You must be willing to accept and perform the assigned discipline when asked. Any occurrence of dishonesty, and/or deception is grounds for immediate termination from the Cadet Program.

The Miramar Police Cadet Program has and maintains high standards. We expect all of our members to be proud of who they are and proud to belong to this organization. We will not make exceptions to our high standards as we do have a reputation to live up to.

Therefore, if you do not feel that you are capable of following these simple rules and requirement, we suggest that you reconsider applying for this program. If you do feel that you can follow these rules and requirements, we invite and welcome your application to be a Miramar Police Cadet.

MIRAMAR POLICE CADET APPLICATION

READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Miramar Police Cadet Program will evaluate this application form. It will be reviewed as part of a background investigation into your personal history.

All applicants are required to complete this application form as part of the application process.

ANY FALSE, MISLEADING OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE MIRAMAR POLICE CADET PROGRAM.

FOLLOW THESE DIRECTIONS CAREFULLY:

- Type or use black ink to complete this registration form.
- Complete the forms in your own handwriting.
- Read each question carefully.
- Answer each question accurately and completely.
- Answer all questions.
- If a question does not apply to you, write “N/A” in the box.
- If you need additional space, write answer on a separate piece of paper and attach.
- You must submit with this application a copy of your Birth Certificate, Drivers License (if applicable) and your most current report card.
- Before returning, make sure all required signatures are completed including notary stamps.

Events such as traffic tickets or Police interaction may not necessarily be a reason for not being accepted into the Cadet Program, but failure to provide complete disclosure of these past incidents will be grounds for refusal of admission to the program. Be completely honest in this application.

APPLICATION

Instructions: All prospective applicants must complete this application in full, including appropriate signatures and dates. Please type or print in **BLACK** ink legibly. All questions must be answered. If something does not apply, please indicate with **"N/A".** If there are any unanswered questions, the application will be **rejected.**

Date: _____ Preferred Name (Nickname): _____

Full Legal Name: _____
Last, First Middle

Date of Birth: _____ Age: _____ Race: W / B / H / A / Mixed (Check One) Gender: Male / Female (CheckOne)

Best Contact Phone #: (_____) _____ (Check One) Home Cell Shirt Size: XS / S / M / L /XL/2XL (Check One)

Applicant's Email Address: _____

School Attending: _____ Grade: _____ GPA: _____
(Attach copy of Last Report Card w/GPA)

Driver's License / ID #: _____ State: _____

Place of Birth: _____
CITY STATE

Current / Main Address you reside at: _____

_____
CITY STATE ZIP

Secondary Address you reside at (If Applicable): _____

_____
CITY STATE ZIP

Previously Arrested? Yes or No (Check One) If so, for what? _____

Prior Cadet at another agency? Yes or No (Check One)
If so, which agency and why did you leave? _____

Do you Work? Yes or No (Check One) If so, where? _____

Social Media Accounts- Please list all Username / Profile Names:
Facebook: _____ Instagram: _____
SnapChat: _____ Twitter: _____
Other (Specify): _____

Mother / Guardian Name: _____ Mother / Guardian Contact #: _____
(Check One) Home Cell

Father / Guardian Name: _____ Father / Guardian Contact #: _____
(Check One) Home Cell

Parent / Guardian Email Address: _____

List all referrals /school discipline you have received in the last school year.

List any contact you have had with Law Enforcement. Any contact that would be found through our reporting systems to include any calls at your house, any incident you were a victim / suspect / other in a case. Please also list and traffic violations/accidents you were cited in.

List three (3) people you look up to and why? (Actors, People of influence, Family Members, Friends, etc.)

1.

2.

3.

List your hobbies or extra-curricular activities such as teams/ clubs you are currently involved with.

What are your top 3 Strengths and Weaknesses?

Strength 1. _____ 2._____ 3. _____

Weakness 1. _____ 2._____ 3. _____

Any other information that should be known?

Explain why you want to become a member of Cadet Unit 747. Explain what your goals are and what you want to achieve while being a cadet. Minimum of 250 words. (Legible handwriting or Typed)

INFORMED CONSENT AND
GENERAL RELEASE OF ALL CLAIMS

THIS AGREEMENT made this _____ day of _____, 20____, by and between _____, parent and/or guardian of _____, a minor, and the Miramar Police Department, and all Miramar Police Department's officers, members, appointees and agents, jointly termed "Releasee", is a release whereby the parent and/or guardian extinguishes his/her rights and claims against the Miramar Police Department, and all Miramar Police Department's officers, members, appointees and agents as herein set forth below.

NOW, THEREFORE, in consideration of the Miramar Police Department, and all Miramar Police Department's officers, members, appointees and agents, permitting _____, a minor child, to participate in the Law Enforcement Cadet Program, which includes, but is not limited to, physical training, field trips, and riding in cadet vans, the parent and/or guardian does agree as follows:

1. The parent and/or guardian hereby fully releases and discharges the Miramar Police Department, and all Miramar Police Department's officers, members, appointees and agents, their successors, heirs, executors, administrators, and assigns, from all rights, claims and damages, including death, whether to person or property, whether known, unknown, foreseen or unforeseen, and all actions of any type whatsoever which parent and/or guardian may have against the the Miramar Police Department, and all Miramar Police Department's officers, members, appointees and agents, and the above-named successors arising out of the use or participation in the above Cadet Program.

2. This Release is intended by the parties to release all claims for injuries, including death, damages, or loss of any kind whatsoever to the minor child, his/her person or property, real or personal, whether known, unknown, foreseen or unforeseen, which parent and/or guardian may have against the Miramar Police Department, and all Miramar Police Department's officers, members, appointees and agents, including but not limited to, those occasioned by the negligent acts or omissions of the Miramar Police Department, and all Miramar Police Department's officers, members, appointees and agents. Parent and/or guardian understands and acknowledges the significance and consequences for such specific intention to release all claims and does hereby assume full responsibility for any and all injuries, including death, damages, and/or losses that the minor child may incur from the use or participation in the above-mentioned Cadet Program.

3. In signing this document I acknowledge that I have been informed and warned that there are certain hazards intrinsic to the above activity including, but not limited to, personal injury and death. Being informed of and recognizing all such hazards and risks; I nonetheless consent and agree to the terms of the informed consent and general release.

4. In signing this document I understand that I am releasing or giving up certain potential legal rights and I further acknowledge that I have been advised that I may wish to seek the advice of

legal counsel prior to signing this document. Being so informed, I knowingly and voluntarily execute this release and waiver.

5. Parent and/or guardian acknowledges he/she is not aware of any medical reason that would prohibit the minor child named above from participating in all aspects of the Law Enforcement Cadet Program.

THIS RELEASE IS FREELY AND VOLUNTARILY EXECUTED BY SAID PARENT AND/OR GUARDIAN AND ACKNOWLEDDGES THAT HE/SHE IS WAIVING AND GIVING UP CERTAIN RIGHTS FOR HIMSELF/HERSELF. SAID PARENT AND/OR GUARDIAN FURTHER ACKNOWLEDGES THAT HE/SHE HAS READ THIS DOCUMENT AND IS FULLY AWARE OF THE CONSEQUENCES THEREOF.

_____
Parent and/or Guardian

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this ____ day of _____, 20___, by _____, parent and/or guardian of _____, a minor, who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

_____ Notary Public_____
Signature Title

_____ _____
Type, Print, Stamp Name Serial No.

My commission expires:

MIRAMAR POLICE DEPARTMENT
CADET POST 747
11765 CITY HALL PROMENADE
MIRAMAR, FLORIDA 33025
(954) 602-4000

Parental Authorization for Emergency Treatment

We the undersign parent(s) or legal guardian(s) in custody of (Name) _____, do herby authorize the designated mentors of the Miramar Police Department or their designated associates to procure for said to include emergency room care, X-ray examination, injections, anesthetics, or other treatment as required for the health of said child as in the judgment of the mentors with the supervision of licensed medical practitioners. This care will include only that which is required to preserve the health and safety of the child at the time of emergency care is required without the specific authorization of the undersigned, and is in no way an obligation of the mentor to provide for continuing care.

WITH THIS AUTHORIZATION, NO MENTOR WILL INCUR ANY FINANCIAL RESPONSIBILITIES TO HIMSELF/HERSELF OR THEIR EMPLOYER; FINANCIAL MATTERS ARE STRICTLY THE RESPONSIBILITY OF THE CHILD, THEIR FAMILIES AND THEIR INSURERS.

The following are <u>special physical limitations, medical problems, medications, allergies to either drugs or substances</u> that should be made aware of to medical personal in treatment of the above cadet:

_____
_____
_____

THE MIRAMAR POLICE DEPARTMENT APPRECIATES YOUR PARTICIPATION AND COOPERATION IN PROVIDING THIS AUTHORIZATION AND INFORMATION. FOR THE GOOD OF YOUR CHILD, THIS INFORMATION SHOULD BE KEPT CURRENT IF SUBJECT TO CHANGE.

Signature of PARENT(S)
FATHER (PRINT) _____ (SIGN) _____
MOTHER (PRINT) _____ (SIGN) _____
GUARDIAN (PRINT) _____ (SIGN) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____

Alternate Name _____ Phone _____

SWORN AND SUBSCRIBED BEFORE ME ON THIS DATE _____
NOTARY PUBLIC
_____DAY OF _____, 20_____

MIRAMAR POLICE DEPARTMENT
RELEASE FORM FOR MEDIA RECORDING

I, _____, the undersigned, parent and/or legal guardian of minor, _____, do hereby consent and agree that the Miramar Police Department, its employees, or agents have the right to take photographs, videotape or digital recordings of me and/or my child during activities. I also agree that the Miramar Police Department can reveal our identities in descriptive text or commentary. This authorization is includes any and all media, without limitation for the purpose of promoting and publicizing the Miramar Police Department.mar

I do hereby release to the Miramar Police Department, its employees or agents all rights to exhibit this work in print, electronic form and on agency managed social media formats publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness, or the identity or likeness of said minor, in whatever media is used.

I represent that I have read and understand the foregoing statement, and that I am freely and voluntarily executing this authorization.

Cadet Name: (Print) _____

Cadet Name: (Sign) _____ Date: _____

Parent/Guardian: (Print) _____

Parent/Guardian: (Sign) _____ Date: _____

CODE OF CONDUCT

Dress Code at meetings and events:

Members – Uniform of the Day (cleaned, shined, and pressed)
Visitors – Plain white polo shirt, Black long pants, and black closed toed shoes.
Jewelry Allowed - One Ring, One Watch, and one necklace that can be covered by a shirt.

Personal Hygiene:

Only natural color hair color is permitted (no blue, green, purple, etc.)

Males – Clean shaven; hair should be neat, clean, trimmed above the ears.

Females – Long hair should be clean and pulled back off the collar in a bun or ponytail

Behavior:

Obey ALL Laws (Florida State Statutes to include Traffic Laws)
Use Self-Control
Be respectful at all times, use appropriate titles such as Sir, or Ma'am
Be honest
Be punctual
No profanity
No teasing
No bullying
No inappropriate reference to gender, race or religion (offensive joking)
No horseplay or rough-housing
No fighting
No gambling
No Smoking, Vaping, or Use of Illegal Substances
No public display of affection at ANY cadet functions
Make appropriate notification regarding absences

Affiliations:

Do not associate with any convicted criminals; people involved in known criminal activity, or gang members without proper notification to the Miramar Police Department.

I understand that any violation of this code may result in disciplinary action and/or dismissal from the the Miramar Police Cadet Program. Remember, you represent the Miramar Police Department.

Cadet Name:(Print) _____

Cadet Name: (Sign) _____ Date: _____

Parent/Guardian: (Print) _____

Parent/Guardian: (Sign) _____ Date: _____



Miramar Police Department
Cadet Post #747



Cadet's Oath

I do solemnly declare

Upon my honor and conscience

That I will act at all times to the best of my ability

And knowledge in a manner befitting a cadet

I will respect all individuals

I will obey the orders of my superiors

And all unit mentors and police officers

I will act with honesty, courtesy, and respect of others

I will act justly towards my fellow cadets

I will constantly strive to honor this oath

In my service as a Miramar Police Department Cadet

Cadet Name: (Print) _____

Cadet Name: (Sign) _____ Date: _____

Firearms Safety Rules

I will abide by the following safety rules of the firearms range:

- ALWAYS treat every firearm as if it were loaded.
- All weapons MUST be pointed down range at all times.
- ALWAYS keep your finger off the trigger until you are ready to shoot.
- Appropriate eye protection, ear protection, and a ball cap (with the bill forward) MUST be worn at all times in the shooting area when firearms are being used.
- ALL weapons shall be carried in a safe manner,
- ALL loading and unloading of the firearms shall take place on the firing line and under the direction of the firearms instructor, Range Master, or Range Operator.
- All shooting is conducted from the firing line unless authorized by a firearms instructor, Range Master, or Range Operator.
- No one is allowed forward of the firing line. If an item falls forward in front of the firing line, leave it there and notify a firearms instructor, Range Master, or Range Operator.
- In the event of a misfire or malfunction, keep the firearm pointed down range, raise your support hand to alert a firearms instructor, Range Master, or Range Operator.
- No eating or drinking is allowed in the shooting areas of the Range facility.
- No horseplay, running, or games shall be allowed at the Range facility.
- No alcoholic beverages will be permitted at the Range facility. Anyone displaying behavior consistent with the use of alcoholic beverages or medications will not be allowed on the range.
- Always wash hands thoroughly after handling and shooting firearms.
- Be sure to follow all posted rules and any other range commands given verbally or in writing by the Range Master, Range Operator, and firearms Instructors.

By signing this Agreement below, I affirm that I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS AND THE RANGE RULES.

Cadet Name: (Print)_____

Cadett Name: (Sign) _____ Date: _____

VOLUNTEER RELEASE AND WAIVER FOR MINOR AND REQUEST FOR PARTICIPATION IN PISTOL TEAM PROGRAM AND FIREARMS TRAINING AND HOLD HARMLESS AGREEMENT

The undersigned, being the parent(s) or legal guardian(s) of Cadet _____ (first and last name), a minor under the age of 18 years, does hereby request that said minor be granted permission to participate in the Miramar Police Cadet pistol team and to train with certified Miramar Police Firearms Instructors. The above named minor is presently enrolled as a Police Cadet and the undersigned acknowledges that he/she will directly benefit by the experience obtained as a result of his/her participation in this Cadet Pistol Team Program.

The undersigned acknowledges that they are fully aware of the nature of the activities described therein. Furthermore, the undersigned realizes and appreciates the inherent dangers of firearms training (which includes, but is not limited to simunitions training) and the possibility that situations may arise which could result in exposure to physical harm or injury, including but not limited to paint splash, bullet ricochet and lead splatter. The undersigned, on behalf of the named minor, freely and voluntarily accept these risks.

In consideration of the City of Miramar granting my child permission to participate in the Pistol Team Program and Firearms Training, the undersigned give permission for my minor child,_____to participate in the above activity and/or program and hereby agree to sign this Release and Waiver.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO SECTION 744.301, FLORIDA STATUTES

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY.

YOU ARE AGREEING THAT EVEN IF THE CITY OF MIRAMAR USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF MIRAMAR IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF MIRAMAR HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Accordingly, I/we, both individually and in the representative capacity of my child, agree to unconditionally release, waive, and discharge the City of Miramar, its Commission members, employees, agents, and servants, all hereafter referred to as "releasees," from all claims and courses of action, that I, my personal

representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to release against all claims, demands, and actions arising out of either my own and/or my minor child's actions or involvement with the City of Miramar.

I certify and warrant that my minor child is in good health and physical condition and is able to participate in the above activity and/or program. Additionally, I agree that my minor child will adhere to all applicable rules and regulations of the City of Miramar.

I have carefully read the foregoing release and waiver, including the statutory notice on the first page, and know the contents thereof. I understand the contents of this Release and Waiver and I am signing this Release and Waiver as my own free act.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on_____, 20_____

By:_____ By: _____
(Signature of Parent/Guardian) (Printed Name of Parent/Guardian)

WITNESS: _____ _____
(Signature of Witness) (Printed Name of Witness)

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing document/instrument was acknowledged before me this_____day of_____, 20_____, by_____and_____, who is/are personally known to me or has produced_____as identification.

_____
Notary Public

PUBLIC SAFETY CADETS – AGREEMENT AND LEGAL WAIVER FORM

AGREEMENT AND LEGAL WAIVER

I declare that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification or termination from the Public Safety Cadets program (hereinafter "Cadets Program"). I understand that my participation in the Cadets Program is voluntary and at an "at will" status; and that the sponsoring agency/organization, acting through its Cadets Program Unit, is free to discharge me without cause and I am free to discontinue participation in the program at any time. I understand the importance of providing accurate medical information, I certify that all information provided is accurate, and I acknowledge that there are no undisclosed physical limitations that would prevent me from participating in all aspects of the Cadets Program. I understand that participation in the Cadets Program involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges of the Cadet Program activities. I agree that approved Mentors and program volunteers may provide transport during Cadets Program activities. I also understand that in the event of serious illness or injury, reasonable efforts will be made to contact the parent or guardian, if listed below.

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS

With appreciation of the dangers and risks associated with the Cadets Program, I hereby release, acquit and forever discharge the Public Safety Cadets, the partnering agency/organization and its officers, agencies, and employees of and from any and all rights, claims, demands, actions, causes of action, damages, costs, losses of services, compensation, and debts, including attorney's fees (collectively "claims") which I may have against the Cadets Program, whether known or unknown, which result from, arise from, or are related in any way to my participation in the Cadets Program or any activities or events related thereto. I hereby agree to hold harmless Public Safety Cadets and the partnering agency/organization from and against any and all claims which result from, arise from, or are related in any way to my participation in the Cadets Program excluding only claims that are attributable to the gross negligence or willful misconduct of Public Safety Cadets and/or the partnering agency/organization.

Should I require emergency medical care while participating in the Cadet Program, I hereby give sponsoring agency/organization personnel my permission to use their judgment in obtaining care for me and I give permission to the medical care provider selected by the Cadet Program personnel to render medical care deemed necessary and appropriate. Such consent includes any x-ray examination, anesthetic, medical or surgical diagnostic or treatment and/or hospital service that may be rendered. I understand that Public Safety Cadets or the sponsoring agency/organization is not obligated to provide medical treatment and that any cost incurred for treatment provided which is not covered by insurance shall be my sole responsibility. I warrant that I understand the content of the foregoing authorization and release. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

WAIVER FOR CONSENT FOR PHOTOGRAPHS

I do hereby consent to being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Cadets Program. I also give my consent for the Public Safety Cadets and/or the partnering agency/organization, including any Division or unit therein to use my name, likeness, image, appearance, and biographical information ("Image"), in, on or in connection with any photographs, pictures, digital images, websites programs, printed materials and any and all media, whether now known or hereafter developed, throughout the world at any time, for the legitimate purposes of Public Safety Cadets. I hereby expressly waive all claims for royalties or other compensation related to any such use of my Image or related information and release Public Safety Cadets and the partnering agency/organization from any and all liability which may arise as a result of being photographed while participating in the Cadets Program, and for the subsequent use and display of the Image. I understand that this consent/waiver and release will remain in effect until such time that it is revoked, in writing, by me. Public Safety Cadets and the sponsoring agency/organization retains the right to use the aforementioned Image for the purposes stated herein, whether or not I continue to be involved in the Cadets Program, absent my written revocation of consent.

I understand that Public Safety Cadets shall have no obligation to use the Image, and that all creative decisions regarding the use of the Image shall be at the sole discretion of Public Safety Cadet's or the sponsoring agency/organization.

By signing below, all Cadet Applicants, Parents, Guardians, Partnering Agency/Organization Unit Mentors have read, understand, and agree to all conditions listed herein.

***I acknowledge and agree that this Release & Waiver is binding upon me, my heirs, assigns and legal representatives*:**

Cadet Signature: _____ Date: _____

Cadet Printed Name: _____

If participant is a minor child, I, as his/her parent/legal guardian, agree on his/her behalf:

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

PSC FORM-002 revised 15Sep2020