

PRIVATE VEHICLES

Private vehicles are prohibited without previous approval of the Program Director.

VISITORS

Visitors will not be allowed in the barracks during the week of the school. Family and friends of the students are invited to attend the Graduation Ceremony. Parents and guests may tour the facility immediately following the Graduation Ceremony. Everyone is invited which includes family, friends and all patrol members and legionnaires.

INFORMATION

TWENTY SEVENTH ANNUAL SESSION

JULY 26-31, 2020

All correspondence relating to this program should be addressed to:

Student Trooper Program
The American Legion Dept. NC
PO Box 26657
Raleigh, NC 27611
Phone: 919-832-7506
Richard Neville, Program Director

**APPLICATION FORMS ARE AVAILABLE AT AMERICAN LEGION DEPT.
(State) HEADQUARTERS**

**APPROXIMATELY 40 STUDENTS CAN BE ACCOMMODATED AT THE
NORTH CAROLINA HIGHWAY PATROL TRAINING CENTER.**

TUITION: \$200.00 PER APPLICANT

**Deadline – June 30, 2020
Or until program is full.**

2020

AMERICAN LEGION STUDENT TROOPER PROGRAM



JULY 26-31, 2020

SPONSORED BY

THE AMERICAN LEGION DEPT OF NC
PO BOX 26657
RALEIGH, NC 27611
PHONE 919-832-7506

NORTH CAROLINA HIGHWAY PATROL
3318 GARNER RD
RALEIGH, NC 27610

PURPOSE

The purpose of the North Carolina American Legion Student Trooper Program is to create an association between our young people and the men and women who are responsible for enforcing the laws of our State. The American Legion believes that our young people have a strong sense of patriotism and a high regard for Law and Order. It is our belief that the young men and women who participate in the Student Trooper Program will develop favorable attitudes toward Law Enforcement and will articulate those attitudes throughout their communities and among their peers.

THE PROGRAM

The American Legion Student Trooper Program will be conducted at the North Carolina Highway Patrol Training Center, Raleigh, and is a cooperative sponsorship of The NC American Legion and The NC Highway Patrol. Cadets will participate in a wide variety of instructional sessions. They will learn the use of police skills, including drug detection, firearms safety, and precision driving, just to name a few. Instructors from the NC Highway Patrol and other phases of Law Enforcement and related subjects will be integrated into the week's program.

SPONSORSHIP

Each applicant **must** be sponsored by an American Legion Post. If assistance is needed in finding a sponsoring post, please call Department Headquarters at 919-832-7506. Limited spaces are available at the Training Center. This year we hope to be able to house 40 students. Qualified applicants will be selected on a first come basis. The sponsoring Post will assume the responsibility for the student's attendance, including submitting a properly completed application and physical form, transportation to and from the Training Center and tuition fees.

TUITION FEES

Tuition fee and total cost for the week's program is \$200.00, and is the responsibility of the sponsoring Post, though the payment may come from sources outside the sponsoring Post. However, the sponsoring Post must assure that the tuition fee accompanies application and medical form when mailed to American Legion State Headquarters by the deadline date.

QUALIFICATIONS

Applicants who have successfully completed their **junior and/or senior year** of high school will be considered. Applicant must be of good moral character, demonstrate qualities of Americanism and leadership and present a neat appearance.

Due to the rigorous training involved in this program, those who may require special medication or handicapped accommodations cannot be accepted. NO CONDITION OF RACE, COLOR, SEX, RELIGION, OR CREED IS A PRE-REQUISITE FOR SELECTION. A completed medical form must be submitted with the application and fee. **Students are advised to begin a physical conditioning program before arriving at the training center.**

ACCOMMODATIONS

All students will be housed and meals served at the Academy cafeteria. Due to limitations at the cafeteria, those who require special diet will not be accommodated. Students are expected to remain at the Center at all times except for scheduled training away from the Academy. Towels and bed linens will be provided by the Academy. Student Troopers shall conduct themselves as gentlemen/ladies at all times. They shall perform all duties in a thorough, precise manner without hesitation or comment, carry out all lawful orders commands and instructions issued by Staff Personnel.

SUPPLIES PROVIDED

Each student will be issued two T-shirts, visor cap, PT shirt and shorts, and portfolio with program emblem. Each student will be mailed, prior to the opening of the session, a "Call To Report" letter. This letter will inform the Student of the personal items he/she will need for the week, along with Rules of Conduct and other instructions. A prescribed uniform will be worn for all supervised events except for recreation.

RULES OF CONDUCT

1. Student Troopers shall do their best in the performance of duty. They will comply with all rules, regulations and orders issued.
2. The military nature of the State Highway Patrol and Patrol training requires that certain rules of courtesy be extended to all commissioned/non-commissioned officers of the Highway Patrol, guest instructors and members of the Staff. Student Troopers will always stand when being addressed and reply by stating "Yes Sir/Ma'am" or "No Sir/Ma'am".
3. Student Troopers will not possess or use at any time, any tobacco products while at the training center.

PHYSICAL TRAINING PROGRAM

In order for the Student Trooper to be able to do his/her best in physical training, it is recommended he/she work on the following exercises prior to the program: 1. Sit-ups. 2. Push-ups. 3. Jumping Jacks. 4. Running This will be part of the regular training each day. Exercises will be a criteria every morning of the program for at least 1 hour, plus a 1 mile run.

STAFF

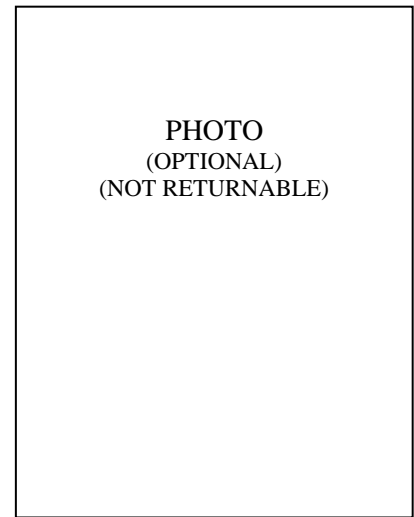
Counselors will consist of dedicated volunteers from the American Legion family, and selected Highway Patrol Training Center staff. Anyone interested in volunteering should contact Program Director Richard Neville. Instructors will come from the ranks of the North Carolina Highway Patrol and other Law Enforcement and related agencies.

REGISTRATION AND CHECKOUT

Registration will be 11:00 AM - 1:00 PM on Sunday, July 26, 2020 at the North Carolina Highway Patrol Training Center, Raleigh. Checkout is on Friday, July 31, 2020, and graduation will be completed by 1:00 PM that same day. Persons providing transportation must pick up students at the Academy immediately after graduation ceremonies.

Date Rec'd: _____
Check #: _____ Amount: _____
Notes: _____

For office use



**NORTH CAROLINA
STUDENT TROOPER
PROGRAM APPLICATION
JULY 26-31, 2020**

Application Deadline: July 30, 2020, or until full.

NAME _____ AGE _____ SEX _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____
Street

HOME PHONE () _____ DRIVERS LICENSE # _____

or
EMAIL _____ LEARNERS PERMIT # _____

PARENT (GUARDIAN) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____
Street

PHONE Home () _____ Work or Cell () _____

HIGH SCHOOL _____ GRADE JUST COMPLETING: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE School () _____ DATE OF PLANNED GRADUATION _____

SPONSORING AMERICAN LEGION POST (Must Be Completed)

Please note: Sponsoring post assumes responsibility for student's attendance, including submitting a properly completed application and physical form, transportation to and from the training center and tuition fees. Contact post for further details.

POST NAME _____ POST # _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POST CONTACT PERSON: _____
Print Name Signature of contact person

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE Home () _____ Work () _____

(PLEASE SEE REVERSE)

UNIFORM SIZE:	T-SHIRTS	SM	MED	LG	XL	XXL
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SHORTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY CONTACT:

PARENT(S) OR GUARDIAN(S) NAME: _____

MAILING ADDRESS _____

PHONE NO'S: _____ (WORK) _____ (HOME)

PERMISSION TO ATTEND *(Signatures Required)*

I, _____, acknowledge and accept my obligations and responsibilities as a student to the American Legion Student Trooper Program of North Carolina. I further agree to uphold the principles of this outstanding program and abide by all rules and regulations. I agree to participate with dedication, respect, and enthusiasm in all phases of training that is required.

Delegates Signature: _____ Date _____

PARENT OR GUARDIAN PERMISSION

We have discussed the objectives, rules, regulations, and expectations of this excellent program with the American Legion Post officials and our son/daughter _____. We are pleased that he/she is being offered this opportunity and he/she has our permission and our full support to attend The American Legion Student Trooper Program held at NC Highway Patrol Training Center in Raleigh, July 26-31, 2020. We understand that no exceptions will be made for special medical or physical requirements.

Parent or Guardian Signature _____ Date: _____

SUMMER PROGRAMS MEDICAL FORM

Student Trooper 2020

Please Print or Type

Full Name _____ Age _____ Birth Date ____/____/____
Last First Middle M D Y

Home Address _____ Phone (____) _____
Box # or Street City State Zip area code

Name, Relationship of Parent or Guardian: _____

Address _____
Box # or Street City State Zip

Parent or Guardian's Phone Number: Day(____) _____ Night (____) _____

Name, Address & Phone of Family Physician _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ (Relationship to delegate): _____

Phone number, Day (____) _____ Evening (____) _____

HEALTH INSURANCE INFORMATION REQUIRED: (A copy of the insurance card, front and back, and the prescription drug card, if applicable, front and back, must be included with this form)

Name of Ins. Co. _____ Subscriber's ID No. _____ Grp. No. _____

Address of Ins. Co. _____ Subscriber's Name: _____

Other: _____

AUTHORIZATION AND CONSENT:

I hereby agree that the attending physician or whomever he or she may designate may undertake treatment, including operations and/or the administration of necessary anesthesia, in serious or major illnesses or injuries without prior notification of the undersigned or any other person, and without obtaining consent of the undersigned or any other person, if in the judgment of the physician or designee it is necessary for health care reasons to proceed with the treatment without delay. I further agree that the attending physician or whomever he or she may designate may evaluate and treat all other injuries or illnesses for which help is sought. In the case of a minor (under 18 years of age) individual, this treatment may proceed without prior notification of the undersigned parent or guardian, although every attempt will be made to notify the parent or guardian in the event of such an injury or illness. I also agree that needed immunizations may be administered. I further agree that any medical information may be released to other health care providers who may be providing care.

***Signature of summer program participant:** _____

***Signature of minor's parent or guardian:** _____

Date: _____

(*This section must have signatures of participant **and** parent or guardian if participant is a minor under the age of 18)
(over)

PERSONAL HISTORY - Comment on all positive answers under remarks.

HAVE YOU HAD?	Yes
Allergy to:	
Penicillin	
Sulfonamides	
Peanuts	
Bees, wasps	
Other	
Specify:	
Infectious mononucleosis	
Tropical Disease (specify)	
Chicken pox/Varicella	
Respiratory disorders, including asthma	
High blood pressure	
Diabetes, thyroid, endocrine problems	

HAVE YOU HAD?	Yes
Stomach or intestinal Disorders	
Blood Disorders, including anemia	
Headaches, Migraines	
Concussions	
Hearing disabilities	
Current prescription medicines (list)	
Must be listed to attend.	
Current non-prescription medicines (list)	
Current vitamins or supplements (list)	
Smoking or other tobacco use	
Surgery or serious injury	

HAVE YOU HAD?	Yes
Chronic Medical Condition (specify)	
Vision, corrective lens	
Cancer	
Heart Disease	
Serious head injury	
Hepatitis B	
Hepatitis C	
Kidney diseases	
Neurological disorder	
Depression, anxiety	
Other psychological problem	
Seizure	
Limited physical activity	
Organ loss	

If any explanation is needed, enter here. _____

If YES is checked on any of the boxes above, a Physician's approval and signature to attend the program and be able to participate in all exercises listed below must be obtained.

Physician's Signature approving student to participate

EXERCISE	EXERCISE	EXERCISE	EXERCISE	EXERCISE
Jumping Jacks (10)	Forward Bends (2)	Leg Raises (10)	Sit Ups (10)	Jumping Jacks (25)
Toe Touches (2)	Hamstring Stretch (2)	Speed Run (1/4 mile)	Back Extensions (10)	Push Ups (10) (10)
Groin Stretch (2)	Neck Stretch (2)	Distance Run (1 mile)	Arm Rotations (4 sets)	

Multiple repetitions for at least 1 hour, plus 1 mile run, Monday thru Friday.

TO PARTICIPANT, PARENTS OR GUARDIANS

Is this participant capable of carrying a full program of fitness activities, including calisthenics, jogging, marching, and sports of all kind? Yes No
If "No", please state limitations below: _____

Is there anything else about this participant that we should know? Yes No If "Yes", explain: _____

Do you have any recommendations regarding the care of this participant? Yes No If "Yes", explain: _____

Is the patient now under treatment or medication for any medical or emotional condition, or any required special medical attention? Y No
EXPLAIN BELOW _____

Date _____ Signed _____
Participant, Parent, or Guardian

IMMUNIZATIONS

A. DPT series: / / / / / / and Td booster: / /
M D Y M D Y M D Y M D Y
(within 10 years)

B. Measles, Mumps., Rubella (MMR) - 2 DOSES. 1. / / 2. / /
M D Y M D Y

OR

Rubeola (Measles) - 2 doses: 1. / / 2. / / Rubella / / Mumps: / /
M D Y M D Y M D Y M D Y

C. Oral Polio series (if under 18 years of age): Yes No Booster / /
M D Y

D. Tuberculin skin test (within past 12 months): / / Result: * _____, / /
M D Y M D Y

E. (Recommended) Hepatitis B vaccine - 3 doses: 1. / / 2. / / 3. / /
M D Y M D Y M D Y

F. (Recommended) Varicella vaccine - 2 doses: 1. / / 2. / /
M D Y M D Y

G. _____ Physician, School or Public Health Clinic _____ Physician/Authorized Signature required _____ Date

Address
(_____) _____
Phone

*If result is positive, attach record of treatment.

**STATE OF NORTH CAROLINA
COUNTY OF WAKE**

INDEMNIFICATION AGREEMENT

The North Carolina State Highway Patrol (hereinafter referred to as SHP), and _____, (hereinafter referred to as LICENSEE), do hereby agree that, in consideration of agreements hereinafter set forth and other good and valuable consideration, the receipt of which is hereby acknowledged by the LICENSEE. The LICENSEE does agree to defend, indemnify, save and hold harmless the SHP from and against all claims, damage, or expense arising out of or from any accident, violation of law or ordinance or other occurrence in, on, or at the Defensive and Precision Driving Facility located at 380 East Tryon Road, Raleigh, North Carolina (hereinafter referred to as FACILITY) when used by the LICENSEE. LICENSEE will protect, indemnify, save and keep harmless the SHP against any claims, and any loss and all loss, damages, or expenses arising out of any failure of the LICENSEE in any respect to comply with and to perform the requirements of this agreement.

LICENSEE further agrees to release the SHP from any and all liability arising out of and from any claim, cost, or damage due to any injury or damage to the person or property of any employee or agent, invitee, assignee or contractor of the LICENSEE save and except for intentional injuries caused by the wanton, malicious, or intentional acts of the SHP, its agent/employees, assignees or contractors.

In return for the above set forth indemnification and releases by the LICENSEE to the SHP, the SHP agrees to and hereby does grant to the LICENSEE its employees, agents, invitees, assignees, or contractors the right and privilege to use the FACILITY for and within the purposes for which it was designed for a period beginning on the _____ day of _____, 20_____, to and including the _____ day of _____, 20_____, or until earlier terminated. In the event either party shall wish to terminate this agreement, that party shall give notice to the other party in writing of their intentions. Such written notice shall constitute termination of the agreement.

LICENSEE agrees that any approved use of the FACILITY shall be coordinated with the appropriate person(s) at the SHP so as not to interfere or conflict with use of the FACILITY by the SHP. It is expressly understood and accepted that use of the FACILITY by the SHP shall take precedence over use by the LICENSEE. The LICENSEE further agrees to comply with all regulations for FACILITY use as may be imposed by the SHP.

This agreement is limited to the terms as expressly set forth herein and does not convey to either party any rights or claims in addition to those specifically set out herein or as by law arise. This the _____ day of _____, 20_____.

N. C. STATE HIGHWAY PATROL

BY: _____
DIRECTOR OF DRIVER TRAINING / OR DESIGNEE

BY: _____
Licensee / Parent or Guardian of Licensee

RULES AND CONDUCT PERTAINING TO THE
PHYSICAL TRAINING PROGRAM

1. ABSENTEEISM FROM PHYSICAL FITNESS PROGRAM

No Student Trooper will be absent from physical training without the expressed permission of the School Commandant or his representative.

2. Listed below, in proper sequence, are the exercises that will be required during each physical training period beginning with the first day:

PRESCRIBED REPETITIONS

EXERCISE	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Jumping Jacks	10	10	10	10	10
Forward Bends	2	2	2	2	2
Toe Touches	2	2	2	2	2
Hamstring Stretch	2	2	2	2	2
Groin Stretch	2	2	2	2	2
Neck Stretch	2	2	2	2	2
Jumping Jacks	25	25	25	25	25
*Push-Ups	10	10	10	12	15
*Sit-Ups	10	10	10	12	15
*Back Extensions	10	10	10	10	10
*Leg Raises	10	10	10	12	15
Arm Rotations	**	**	**	**	**
Speed Run	¼ Mile	¼ Mile	¼ Mile	¼ Mile	¼ Mile
Distance Run	1 Mile	1 Mile	1 Mile	1 ¼ Miles	1 ¼ Miles

*Will do four sets of each of these exercises

**Instructors Discretion

3. Each Student Trooper should be familiar with the above table and know the order of the exercises and the number of repetitions required for each. A staff member may ask you for this information at any time.
4. Each Student Trooper will be required to do each repetition of every exercise and will give maximum effort on all exercises and runs. If the Student Trooper fails to give maximum effort he or she may be required to do remedial P.T. Remedial P.T. will be conducted at the discretion of the School Commandant or by the Staff Instructor who is in charge of P.T. for that day.