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.
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

SHORTS

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

Please Print or Type

Student Trooper 2020

Full Name__________________________________________________________________ Age_______

Birth Date____/____/____

Last First Middle

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:____________________________________________________________________

AUTHORIZED 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)

Rev. 2/8/2019
PERSONAL HISTORY - Comment on all positive answers under remarks.

<table>
<thead>
<tr>
<th>HAVE YOU HAD?</th>
<th>Yes</th>
<th>HAVE YOU HAD?</th>
<th>Yes</th>
<th>HAVE YOU HAD?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy to:</td>
<td></td>
<td>Stomach or intestinal Disorders</td>
<td></td>
<td>Chronic Medical Condition (specify)</td>
<td></td>
</tr>
<tr>
<td>Penicillin</td>
<td></td>
<td>Blood Disorders, including anemia</td>
<td></td>
<td>Vision, corrective lens</td>
<td></td>
</tr>
<tr>
<td>Sulfonamides</td>
<td></td>
<td>Headaches, Migraines</td>
<td></td>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Peanuts</td>
<td></td>
<td>Concussions</td>
<td></td>
<td>Heart Disease</td>
<td></td>
</tr>
<tr>
<td>Bees, wasps</td>
<td></td>
<td>Hearing disabilities</td>
<td></td>
<td>Serious head injury</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Current prescription medicines (list)</td>
<td></td>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Must be listed to attend.</td>
<td></td>
<td>Hepatitis C</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Kidney diseases</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Neurological disorder</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Depression, anxiety</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other psychological problem</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Seizure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Limited physical activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Organ loss</td>
<td></td>
</tr>
</tbody>
</table>

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.

EXERCISE

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

TO PARTICIPANT, PARENTS OR GUARDIANS

Is this participant capable for 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? □ Yes □ No

EXPLAIN BELOW

Date __________________________ Signed __________________________
Participant, Parent, or Guardian

IMMUNIZATIONS

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

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

OR

Rubeola (Measles) - 2 doses:

1. / / / / 2. / / / /
M D Y M D Y

Rubella: / / / / M D Y

Mumps: / / / /
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

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:

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

   *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.