



**NATHAN M. WOLFE
LAW ENFORCEMENT CADET
ACADEMY**

Working Together Since 1973



APPLICATIONS DUE DATE: MAY 1, 2025

The Nathan M. Wolfe Law Enforcement Cadet Academy will be held at the South Carolina Criminal Justice Academy, 5400 Broad River Road, Columbia, SC, **June 21, 2025 to June 27, 2025**. The cost per cadet will be **\$300.00**.

- Cadets must be high school students of good character, age 15 to 18 who have not reached the age of 19 by **June 1, 2025** who will return to their communities with a better understanding of our state's law enforcement system. The program is educational as well as entertaining. We are pleased to announce that fifty (**50**) cadets can be accommodated for this program.
- Complete the forms below with the application, health forms, ID & all four permission forms and the full fee of **\$300.00** and return it to Department Headquarters by **May 1, 2025**.
- The housing location for the cadets is being determined.
- The staff and counselors are members of law enforcement agencies. In interviewing prospective cadets, be sure he/she understands that they will not be allowed to leave the Academy during that week and will have to partake in Physical fitness activity.
- **A counselor will be with the cadets at all times.**
- Cadets will not be allowed to have a car as parking is limited.
- Registration for the cadets will be on June 21, 2025, from noon to 1:00 pm, at the Richland County Sheriffs Department Training facility at 6429 Bishop Avenue, Columbia, SC
- Graduation will be held on **Friday, June 27, 2025** at 1:00 pm in the gym at the SC Criminal Justice Academy. (Times are subject to change.) **Parents and American Legion Post members are invited to attend.**

It cannot be emphasized too much what a fine program this is. Each year the curriculum expands and improves. Your Post is encouraged to see that some young person in your area will have the opportunity to benefit by attending this year. The application and information can be found at www.southcarolinalegion.org under the Programs Link- "The American Legion Nathan M. Law Enforcement Cadet Academy"



Attach
Photograph

RETURN COMPLETED

APPLICATION BY MAY 1, 2025

June 21, 2025- June 27, 2025
Nathan M. Wolfe Law Enforcement
Cadet Academy

Sponsored by
The American Legion Department of South Carolina
In cooperation with
Local and State Law Enforcement Agencies

**Please return application with ALL fees,
health forms, copy of driver's license or drivers permit if available, copy of health insurance
card and all three permission forms to:**
The American Legion Department of SC
103 LEGION PLAZA ROAD
Columbia, SC 29210 –

information packet can be downloaded at www.southcarolinalegion.org

Only completed applications will be accepted

Name: _____
Last First MI

Preferred name (nickname) _____ Sponsoring Post#: _____

Mail Address: _____
Street city state zip

Telephone: (____) _____ Cell (____) _____

Email _____

Height: _____ Weight: _____ Date of Birth: _____ Age: _____ Gender _____

T-shirt size (based on men's size)

small _____ medium _____ large _____ x-large _____ xx-large _____ xxx-large _____

Mothers Name: _____

Address: _____

Telephone: home _____ work _____ cell _____

Email _____

Fathers Name: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Eating preferences? (Vegetarian / Pescatarian etc) _____

This application will not be accepted without the signature of the Principal, Senior Counselor or Senior School official.

Date application submitted: _____

High school/Homeschool group: _____

Principal, Senior Counselor or Senior School Official

Recommendation: _____

Print _____

Signature: _____

Name and Title: _____

Address: _____

Phone number: _____

American Legion Post Number _____ Post Commander / Adjutant (print) _____

Sponsoring Post Approval: _____

Signature

_____ Date

Physicals taken since 6/26/24 will be accepted.

Cadet Academy Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed _____
 City _____ State _____ Zip _____ Phone No. _____
 Social Security No. (Optional; may be required by medical facilities for treatment) _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, Circle "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib) _____

Exemption to immunizations claimed.

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part B
PHYSICAL EXAMINATION**

Height _____ Weight _____ Blood Pressure _____ Pulse _____

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test				<input type="checkbox"/> Negative <input type="checkbox"/> Positive			

Allergies (to what agent, type of reaction, treatment): _____

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping Competitive activities Backpacking Swimming/water activities Climbing/rappelling
 Sports Running Scuba diving Exercise Challenge ("ropes") course
 Hot-weather activity Wilderness/backcountry treks

Specify restrictions (if none, so state) _____

Certified and licensed health-care providers recognized to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

To Health Care Provider: Restricted approval includes:

- Uncontrolled heart disease, asthma, or hypertension.
- Uncontrolled psychiatric disorders.
- Poorly controlled diabetes.
- Orthopedic injuries not cleared by a physician.
- Newly diagnosed seizure events (within 6 months).
- For scuba, use of medications to control diabetes, asthma, or seizures.

Provider printed name _____

Signature _____

Address _____

City, state, zip _____

Office phone _____

Date _____

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Part B **Last name:** _____ **DOB:** _____



**NATHAN M. WOLFE LAW ENFORCEMENT
CADET ACADEMY
PERMISSION TO PARTICIPATE**

I DO HEREBY GIVE MY PERMISSION FOR MY SON/DAUGHTER OR LEGAL WARD TO PARTICIPATE IN ALL ACTIVITIES INVOLVED IN THE AMERICAN LEGION NATHAN M. WOLFE LAW ENFORCEMENT CADET ACADEMY TO INCLUDE:

- ASSORTED EXERCISES
- SPORTS ACTIVITIES
- BOATING SAFETY
- DRIVING COURSE
- FIREARMS

AND ANY OTHER ACTIVITIES OF THE PROGRAM, ALL OF WHICH WILL BE SUPERVISED BY CERTIFIED PERSONNEL IN THAT FIELD.

SIGNATURE: _____

PRINT _____

CADET: _____

ADDRESS: _____

TELEPHONE: _____ DATE _____



NATHAN M. WOLFE LAW ENFORCEMENT
CADET ACADEMY

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for being allowed to participate voluntarily in The American Legion Nathan M. Wolfe Law Enforcement Cadet Academy, I hereby release all agencies, sponsors and organizations from any and all liabilities or claims arising from my own voluntary participation in this event. I agree that I will never prosecute or in any way aid in prosecuting any person or property that may occur from any cause whatsoever as a result of taking part in this activity. I further authorize The American Legion to use photos or video in promotional publications and or social media.

Signature of Participant

Date_____

FOR MINOR CHILD

I, _____, parent/legal guardian of the above said minor child, consent to his or her taking part in this morale support activity. I will abide by the above.

SIGN _____

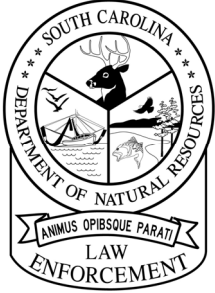
Date_____

THE AMERICAN LEGION NATHAN M. WOLFE LAW ENFORCEMENT CADET ACADEMY

DATE _____

Dear Parent,

On _____ the participants from The American Legion Law Cadet Academy will be given an opportunity to take part in shotgun and/or rifle firing with the SC Department of Natural Resources (SCDNR) Hunter Education Section. This exercise will be conducted by law enforcement officers from the Hunter Education Section of the SCDNR. Please sign the permission form below if you wish for your child to participate in this exercise.



HUNTER EDUCATION LIVE FIRE PERMISSION FORM

I, _____, give permission for
(print)

_____ or, if over 18, I agree participate in shotgun
(print)

And/or rifle firing to be conducted at _____ as a part of The American Legion Nathan M. Wolfe Law Enforcement Cadet Academy. I understand that this live fire exercise will include the use of shotguns and/or rifles with live ammunition under qualified supervision.

I release the Department of Natural Resources and its instructors from any liability.

Signed

Date

I _____, do not wish for _____

To participate in the live fire exercise; however, I will allow my child to observe.

Final Checklist

- Principal Signed and Recommended
- American Legion Post Commander or Adjutant printed and signed
- Cadet Academy Health and Medical Record filled out completely
(even if a physical is attached)
- I attached a copy of both sides Medical Insurance card or if military dependent identification card
- I don't have medical insurance and understand The American Legion is not responsible
- Emergency Contact(s) filled in
- Permission to Participate signed by parent (or if over 18 student)
- Release and Hold Harmless agreement signed by parent or participant (if they are 18 years old)
- Signed Hunter Education live fire Permission Form signed by parent or participant (if they are 18 years old)
- I attached a copy of South Carolina Drivers License or Drivers Permit
- I don't have a License or Permit but may or may not obtain one before the camp
- Fee is enclosed.

