

RELEASE OF LIABILITY:

The applicant, being given the opportunity to use certain equipment and facilities of the Massachusetts State Police Academy during the American Legion "Youth Cadet Law Enforcement Student Trooper Training Program," assumes all risks and liability pertaining to any activity pursuant to the program or that may arise during his/her participation in said program and hereby releases from such liability, the American Legion, the Massachusetts State Police, and the staff members performing the training. Persons attending this Program are responsible for any medical bills, including transportation costs, associated with any injuries or illnesses incurred while participating in the training program. In the event of disciplinary action, parents or guardians will be notified and will be responsible for picking up their child, if necessary.

(Signature of Applicant) (Date) (Signature of Parent or Guardian) (Date)

SCHOOL OFFICIAL CERTIFICATION:

I hereby certify that the above named student is in good academic standing, does not have a negative disciplinary record and will be between the ages of 15-17 during the Program. (See dates below)

(Signature of School Official) (Date)

(Name of School) () (Phone Number)

American Legion Authorizing Post _____ District _____

To locate a post near you, go to: www.masslegion.org, then to POST LOCATOR link.

(Post Official's Authorizing Signature and Address)

(Name and Address of Provider of Sponsorship Fee)

This application, with the sponsoring fee check in the amount of **\$350.00**, must be received **before April 28, 2024** Apply early, as space is limited. Candidates for the program will be selected prior to **May 5, 2024**. Candidates that are accepted into the program will be provided information on the required equipment and the required medical forms. Those candidates that are not accepted into this year's program will be notified and the sponsoring fee check will be returned.

Make check payable to: **American Legion, Department of Massachusetts** and mark "Youth Cadet" and student's last name in the bottom left-hand corner.

Mail **APPLICATIONS and CHECKS ONLY** to: **Shelley Pratt, Massachusetts State Police Academy, 340 West Brookfield Road, New Braintree MA 01531 Attn: Student Trooper Program**. In the event the applicant is not accepted, the sponsorship fee will be returned to the provider.

DATE:

July 25 - 28, 2024 (Thursday, Friday, Saturday & Sunday)

Name: _____

Applicant must write a brief statement of why they would like to be accepted into the Student Trooper Program.

No refunds will be authorized for "no shows" or for a student leaving the program prior to its conclusion.