



# Homeland Security Investigations

## Explorer Post 601



Dear Parent/Guardian:

We would like to thank you for allowing your child to participate in the Homeland Security Investigation's (HSI) Explorer Program. If it were not for the support of the parents and the dedication of the Explorers, this program will not be able to continue for the years to come.

In order to successfully continue the program, it is important to maintain communication between all parties, including parents, Explorers, the Post Advisor, and HSI Volunteers. If the Post Advisor and/or HSI Volunteers feel that an Explorer is irrational and may cause harm to him/herself and/or others, the Post Advisor will contact their parents. Additionally, if a parent finds that his/her child is not acting in a familiar manner and/or they are concerned for their child, please contact the Post Advisor.

It must be understood that all HSI Explorers and Recruits are required to abide by the rules and regulations of the Post as outlined in the HSI Explorer Post Manual. It is imperative that the Post members, as well as parents and/or guardians, are aware that these bylaws are taken seriously and that members are held accountable. Attached you will find a list of the most important policies of the Post. It is requested that each Post member and their parents review and sign the document(s). **By signing the document(s), you and your child signify that you have read and understood the rules, and that your child may receive disciplinary action, up to and including dismissal from the Post, if he or she violates the Post policies and regulations.**

**This package must be hand delivered to the Post Advisor in Charge (PAC) along with a \$50 non-refundable registration fee that can be sent via Zelle utilizing phone number 646-234-0660.** The complete package includes the Application, HSI Explorer's Image Release Form, HSI Post Policy Agreement, the Waiver of Liability and Hold Harmless and the Learning for Life Youth/Adult Participant Application with the medical, and the Nondisclosure Agreement. All documentation must be completely filled out (**Neatly Printed or Typed**). Please forward a copy of your most recent report card or school transcript along with the completed application package to:

**Iliana Velazquez**  
**Post Advisor in Charge**  
**[Iliana.R.Velazquez@ice.dhs.gov](mailto:Iliana.R.Velazquez@ice.dhs.gov)**

If there are any questions or concerns, please feel free to contact PAC Advisor Iliana Velazquez at 646-234-0660.

Sincerely,

Iliana Velazquez  
Post Advisor in Charge



## HSI EXPLORER POST 601 EXPLORER CONTACT



Last Name		First Name		MI
SS#		Date of Birth		Age
Place of Birth	Country of Citizenship			
Address				Apt
City		State	Zip Code	
Home #	Cell #		E-mail	
School Name				Grade
School Address			School Number	

### Parent/Guardian Information

Last Name		First Name		MI
Relationship	Cell #		Email Address	

### Emergency Contact Information

Last Name		First Name		MI
Relationship	Home#		Cell #	

Last Name		First Name		MI
Relationship	Home#		Cell #	

Applicants Signature			Date
Parent/Guardian Signature			Date

\*\*\*By submitting this application you are authorizing a background check on yourself.\*\*\*

## **Essay Questions**

Please submit a TYPED essay (approximately 500 words) explaining the following:

- Why you are interested in participating in the HSI Explorer program.
- What you hope to gain if selected as an HSI Explorer.
- What qualities or attributes will you bring to the program; give examples.

**\*\*\*By submitting this application you are authorizing a background check on yourself.\*\*\***



# HSI EXPLORER POST 601



Last Name		First Name		Date of Birth	
Address				Apt	
City		State		Zip Code	
Home	Cell		E-mail		
School Name				Grade	
Medical Issues:			Post Rank		

**NOTES** (For Advisor Use Only)



# HSI EXPLORER POST 601

## IMAGE RELEASE FORM

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As a member of the Homeland Security Investigation (HSI) Law Enforcement Explorer Program, the HSI Explorer Post 601 and the parent, and/or guardian of the Post member, understand that photographs, videos, and audio recordings will be taken during participation in events, trainings, meetings, and activities organized or attended by HSI.

I grant permission to HSI Explorer Post 601, its representatives and volunteers, the right to take photographs, videos, and audio recordings of me and my property in connection with the Law Enforcement Explorer Program.

I authorize HSI Explorer Post 601, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that HSI Explorer Post 601 may use such images of me with or without my name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content.

In signing this agreement, I acknowledge and represent that I have read the foregoing Release form, understand it and sign it voluntarily. If Explorer is under eighteen years of age, I acknowledge as the parent/guardian, I am over eighteen years of age and have the legal capacity to sign this agreement.

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Post Member Signature

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Parent/Guardian Signature

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Post Member Print Name

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Parent/Guardian Print Name

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Date Signed

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Date Signed



# HSI POST 601 POLICY AGREEMENT



As a member of the Homeland Security Investigation Law Enforcement Explorer Program, the HSI Post and as the parent and/or guardian of the Post member the following rules and regulations must be adhered to. The violation of any of the following by-laws is cause for disciplinary actions up to and possibly including dismissal from the program.

- Post members will NOT be allowed access to the building 15 minutes after the start of the meeting (a member must contact the Post Adviser NO LATER THAN an hour prior to the meeting if there is an expected delay of arrival). There will be 3 pick up times prior to the start of the meeting/events for Explorers. Explorers must always wear masks while engaged in HSI Explorer meetings/events.
- Post members are dismissed from the building and are to travel directly home immediately following dismissal from any scheduled meeting, event or activity. Post members who do not travel directly home are responsible to contact their parents. The Post Advisors are not liable for the Post members after they are dismissed from the meeting or event.
- Post members must contact the Post Advisor if they will or will not be in attendance of a meeting, event or activity at least a day before the scheduled event-preferably on BAND application. A letter will be sent home after three absences to ensure that the parents are aware of the absences the member and the Explorer will be referred to the Advisors for potential disciplinary action
- If a Post member and/or parent wishes to request a leave of absence, a "Leave of Absence" form must be submitted to the Post Advisor a week prior to taking leave. The "Leave of Absence" form must contain the reason for the request, a specified period of time and the expected return date. Any leave of absence extending three months requires for the Post member to return his/her complete uniform and Identification card. "Leave of Absence" is not to exceed 6 months.
- The personal conduct of each Post member is the primary factor in promoting this program; therefore tact, patience, and courtesy will be observed under ALL circumstances. Disrespect towards the HSI personnel, Post Advisors, HSI Volunteers, and Post members WILL NOT BE TOLERATED. If asked to identify themselves by HSI personnel, Explorers must immediately do so in a respectful manner.
- Post members must maintain a professional attitude and demeanor that WILL NOT in any manner communicates any personal prejudices.
- Post members will avoid behavior that will bring criticism to the Post. Withholding or lying about any information that may have affected admittance to the Post, including but not limited to gang affiliation, is cause for dismissal from the program.
- Post members, regardless of grade or rank, must pass each class every reporting period with at LEAST a 70% (C average). Copies of report cards or transcripts MUST be provided to the Post Advisor at the end of each reporting period. Explorers who do not maintain the required average must seek tutoring and face disciplinary actions.

By signing this document you are agreeing to the rules and regulations of this Post and will adhere to them.

\_\_\_\_\_  
Post Member Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Post Member Print Name

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed



# HSI POST WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

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**PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT INCLUDES A WAIVER OF LIABILITY AND A WAIVER OF CERTAIN LEGAL RIGHTS.**

1. I, \_\_\_\_\_, the Parent or Guardian of \_\_\_\_\_, do hereby grant permission for him or her to participate in the Homeland Security Investigations Explorer Program.
2. In consideration of the benefits received by the EXPLORER pursuant to their participation in the U.S. Immigration and Customs Enforcement (ICE), Homeland Security Investigations (HSI) Law Enforcement Explorer Post 601 under the Greater New York Councils Learning for Life, I hereby forever release, waive and discharge the United States of America, the Department of Homeland Security, ICE, HSI and any of their successors, officers, servants, assignees, agents, employees, and their heirs, in their individual and official capacities, (hereinafter referred to as Released Parties) from any and all liability, claims, demands, suits, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by the EXPLORER, or to any property belonging to the EXPLORER or used by the EXPLORER, whether caused by the negligence of the Released Parties or otherwise, while participating in any activity relating to the HSI Explorer Post, or while in, on or upon the premises where any such activity is being conducted, or in transportation relating to any such activity, including but not limited to participation in any firearms range activities and in any ride-along on and HSI enforcement operation, including rides in HSI vehicles. I also agree not to sue the Released Parties, or file any claim for damages against the Released Parties, for any loss, damage, or injury, including death, that may be sustained by the EXPLORER, or to any property belonging to the EXPLORER or used by the EXPLORER, whether caused by the negligence of the Released Parties or otherwise, while participating in such activities in the Law Enforcement Explorer Program.
3. I certify that I have never been convicted of a felony offense under any state or Federal law. To the best of my knowledge, I can fully participate in all activities conducted as part of the HSI Explorer Post. I agree that I will attend all required safety briefings given as part of the HSI Explorer Post, and that, when participating in the HSI Explorer Post activities; I will comply with all safety and other instructions given to the EXPLORER by HSI personnel. I recognize that following these instructions is necessary to protect the safety of myself, other participants and HSI personnel. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by the EXPLORER, or any loss or damage to property owned or used by the EXPLORER, as the result of being engaged in such activities, whether caused by the negligence of the Released Parties or otherwise.

4. I further agree to hold harmless the Released Parties from any loss, liability, damage or costs, including court costs and attorney's fees, that may be incurred due to my participation in any activity relating to the HSI Explorer Post, whether caused by the negligence of the Released Parties or otherwise.
5. In case of an accident or illness occurring while the EXPLORER is engaged in any Explorer activity, I hereby grant permission for the EXPLORER to receive necessary medical treatments.
6. It is my express intent that this Release and Waiver of Liability and Hold Harmless Agreement shall bind myself, the members of my family and spouse (if any), and my heirs, executors, administrators, assignees and personal representatives.
7. I also understand that I am responsible for any damage, loss or injury I cause to any other individual or property, facility or vehicle, whether government employees or third parties, or government property or the property of third parties.
8. I also agree that participating in the HSI Explorer Post is a privilege, that the information that I learn about HSI's law enforcement techniques and procedures is intended only to increase my understanding of HSI's law enforcement role, and that I will not disclose information that I learn about HSI techniques and procedures to third parties who are not participants in the HSI Explorer Post. I understand that I will not have access to confidential and sensitive information regarding individuals who HSI may be investigating, but that if I were to inadvertently obtain such information, I agree that I will respect its confidential and sensitive nature and not disclose or discuss this information with anyone other than HSI personnel.
9. In signing this agreement, I acknowledge and represent that I have read the foregoing Release and Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily. I also acknowledge that I am over eighteen years of age and have the legal capacity to sign this agreement.

Explorer Name: \_\_\_\_\_  
Explorer Signature: \_\_\_\_\_  
Parents Name: \_\_\_\_\_  
Parents Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Emergency Contact Information (name and phone number):

\_\_\_\_\_





# HOMELAND SECURITY INVESTIGATIONS

## EXPLORER POST 601

### COLOR GUARD POLICY AGREEMENT



As a member of the Homeland Security Investigation (HSI) Law Enforcement Explorer Color Guard, the HSI Post and the parent and/or guardian of the Post member understand the following rules and regulations must be adhered to, in addition to those stated in the signed Post Policy Agreement. The violation of any of the following by-laws is cause for disciplinary actions up to and possibly including dismissal from the Color Guard as this is an opportunity to participate in representing Post 601 and Homeland Security Investigations (HSI). This unit will build on the teamwork and performance skills you receive within the Post. What is required of one is required of all. Membership to the Color Guard is a privilege not a right. Color Guard requires a minimum of a two year commitment and a uniform deposit of \$150 (or an amount determined based on personal financial circumstances).

- **ATTENDANCE/GPA REQUIREMENT:** Each member of the Color Guard must schedule all other activities and appointments around rehearsals and event dates and times as attendance is mandatory. It is important that social plans, medical appointments, jobs, homework, and other appointments or commitments of this nature do not interfere with rehearsals or events. Attendance means arriving 15 minutes early. Any absence may cause the student to not perform or be dismissed from the team, and excused absences will be discussed on a case-by-case basis. A commitment to the Color Guard is one that requires a "B" average (2.75 GPA) and extra hours necessary for practice in preparation for events. C
- **REHEARSAL POLICIES & PROCEDURES:** Explorers arriving on time (15 minutes early) must use this time to get their equipment and change into the Post Class "C" uniform. No Jewelry shall be worn at rehearsal or events and members shall have their off from their shoulders in a bun always. Cell phones must be on vibrate or mute during rehearsal. You are not permitted to check your phone unless you are on a break.
- **Equipment and Maintenance:** The maintenance and care of the Color Guard equipment is incredibly important. Equipment must be stored and cared for correctly. Equipment should never be lent out, left out, or unattended for any reason. It should be cleaned and handled with care per given instructions. Only color guard members are permitted to practice with the equipment.
- **Uniform Policy:** Uniforms must be treated with the utmost respect. In uniform and in your guard jackets, you are considered a representative of HSI and Post 601. In uniform and in guard gear (shirts, jackets, etc.), act with dignity, grace, and respect and you must treat your uniform with respect. You are never to be in "partial uniform", it is either entirely on or entirely off. You are not to run nor eat your in uniform (you may only drink water). Public Displays of Affection (PDAs) are not permitted while you are in uniform. Prior to and following each event, you must inspect your uniform for any marks, damage, or wear and tear. If there is something, you must notify an advisor immediately and they will provide instructions on how to repair it. Uniforms must be laundered, according to instructions, following each event and prior to the next one. Each member will be responsible for paying for damaged or lost uniform and equipment. Each member will sign an inventory sheet for the equipment and uniform they are responsible for with an estimated cost of replacement (with the acknowledgement that cost may increase). Additional equipment, uniform, gear may be purchased from Post. Appropriate undergarments for the uniform, make-up, and hair styling will be dictated by the Advisor.
- **Schedule:** . A schedule of rehearsals will be provided but the most accurate schedule will be posted on BAND and the website ([www.hsipost601.org](http://www.hsipost601.org)). Please note that additional/extended rehearsals will be set aside for competition and event preparation.

I have read and understand the information presented. By signing below, I agree to abide by the guidelines listed herein. I acknowledge that by signing below, I am making a commitment, not only to myself, but to the other members of the color guard. My fellow members will depend on me to attend all rehearsals and events, be prepared for rehearsal, and meet all the other obligations outlined above. I understand that if I am unable to or choose to work or act in a contrary manner to the standards and expectations, appropriate disciplinary action will be taken, which may include my being removed from the team.

EXPLORER NAME (PRINT/SIGN): \_\_\_\_\_

PARENT NAME (PRINT/SIGN): \_\_\_\_\_

Special Notes: If you do not return a signed copy of this form with both your signature and your parent/guardian's signature, you will not be allowed to participate in rehearsal.

# EXPLORING YOUTH APPLICATION



The Exploring Learning for Life career education program is for young men and women who are 14 (and have completed the eighth grade) or 15 through 20 years old.

Exploring's purpose is to provide experiences to help young people mature and become responsible and caring adults. Explorers are ready to explore the meaning of interdependence in their personal relationships.

Exploring is based on a unique and dynamic relationship between youth and the organizations in their communities. Local community organizations initiate a specific Explorer post by matching their people and program resources to the interests of young people in the community. The result is a program of activities that helps youth pursue their special interests, grow, and develop.

Explorer posts can specialize in a variety of career skills. Exploring programs are based upon five areas of emphasis: career opportunities, life skills, citizenship, character education, and leadership experience.



- Print—do not use cursive.
- Use black or dark blue ink.
- Press firmly when printing.
- Print one letter only in each box.
- Use upper-case letters and stay within the blue boxes for legibility.
- Fill in circles; do not use check marks.
- Make sure you have all needed signatures on application.
- Don't alter the application—it could affect the quality of the scan.

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Participant Chart	
Term per month	Youth/adult participant fee
1	.85
2	1.70
3	2.55
4	3.40
5	4.25
6	5.10
7	5.95
8	6.80
9	7.65
10	8.50
11	9.35
12	10.00

## Exploring

Retain on file for three years. 28-309

# YOUTH PARTICIPANT

Post number:

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

☐ Transfer application Transfer from council number:

Post number:

E-mail:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames)  Middle name  Last name  Suffix

Country  Mailing address  City  State  Zip code

Home phone  -  -  Date of birth (mm/dd/yyyy)  /  /  Grade  Ethnic background: ☐ African American ☐ Native American ☐ Alaska Native ☐ Asian ☐ Caucasian/White ☐ Hispanic/Latino ☐ Pacific Islander ☐ Other

School  Gender: ☐ Male ☐ Female

Parent/guardian information ☐ Mark here if address is same as above.

☐ Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship: ☐ Parent ☐ Guardian ☐ Grandparent ☐ Other (specify)

First name (No initials or nicknames)  Middle name  Last name  Suffix

Country  Mailing address  City  State  Zip code

Home phone  -  -  Date of birth (mm/dd/yyyy)  /  /  Occupation  Employer  Gender: ☐ M ☐ F

Business phone  -  -  Ext.  Previous Exploring experience  Cell phone  -  -

Parent/guardian e-mail address

/  /

Signature of post leader

6001 Registration fee \$  .

Date

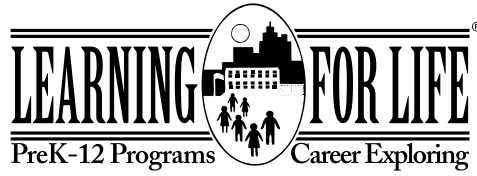
I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

Signature of Explorer

LOCAL COUNCIL COPY

28-309 Retain on file for three years.



## Learning for Life and Exploring Annual Health and Medical Record

(Valid for 12 calendar months)

### Policy on Use of the Learning for Life and Exploring Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, Learning for Life recommends that everyone who participates in a Learning for Life or Exploring event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this form will help ensure you meet the minimum standards for participation in various activities. Note that adult leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and B** are to be completed at least annually by participants in all Learning for Life and Exploring events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

**Part C** is the physical exam that is required for participants in any event that exceeds 72 consecutive hours or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the post/club/group more than 30 minutes away from an emergency vehicle or an accessible roadway, or to remote areas.

### Risk Factors

Based on the vast experience of the medical community, Learning for Life has identified that the following risk factors may define your participation in various outdoor activities.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit the Safety First Guidelines on [www.learningforlife.org](http://www.learningforlife.org).

### Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. An adult leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but Learning for Life does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Outing participants:

Post/club/group No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Learning for Life activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Learning for Life, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with Learning for Life volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Learning for Life activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

☐ Without restrictions

☐ With special considerations or restrictions (list) \_\_\_\_\_

### Talent Release Agreement

I hereby assign and grant to Learning for Life the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by Learning for Life, and I hereby release Learning for Life from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Learning for Life, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

### ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS

You must designate at least one adult. Please include a telephone number.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Adults NOT authorized to take youth to and from events:

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

**I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.**

Participant's name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

Second parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If required; for example, CA)

**This Annual Health and Medical Record is valid for 12 calendar months.**

## Part B: General Information/Health History

**Full name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

### Outing participants:

Post/club/group No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Post/club/group leader: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Post/club/group No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



**Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.**



### In case of emergency, notify the person below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

## Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	

## Part B: General Information/Health History

Full name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Outing participants:

Post/club/group No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

## Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by: \_\_\_\_\_

Parent/guardian signature

MD/DO, NP, or PA signature (if your state requires signature)



**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**



## Immunization

The following immunizations are recommended by Learning for Life. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX**

Review for program or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required: ☐ Yes ☐ No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Outing participants:

Post/club/group No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_



**You are being asked to certify that this individual has no contraindication for participation in a Learning for Life or Exploring experience.**



### Examiner: Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ BMI: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Learning for Life and/or Exploring experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Does not have uncontrolled heart disease, asthma, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned program or special activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295

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## CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

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### AN AGREEMENT BETWEEN

### AND THE UNITED STATES

*(Name of Individual - Printed or typed)*

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 13526, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in sections 1.1, 1.2, 1.3 and 1.4(e) of Executive Order 13526, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.

4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of sections 641, 793, 794, 798, \*952 and 1924, title 18, United States Code; \*the provisions of section 783(b), title 50, United States Code; and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of classified information not consistent with the terms of this Agreement.

6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.

7. I understand that all classified information to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of sections 793 and/or 1924, title 18, United States Code, a United States criminal law.

8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.

9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

10. These provisions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling.

*(Continue on reverse.)*

11. These restrictions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by Executive Order No. 13526 (75 Fed. Reg. 707), or any successor thereto section 7211 of title 5, United States Code (governing disclosures to Congress); section 1034 of title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); section 2302(b) (8) of title 5, United States Code, as amended by the Whistleblower Protection Act of 1989 (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that could expose confidential Government agents); sections 7(c) and 8H of the Inspector General Act of 1978 (5 U.S.C. App.) (relating to disclosures to an inspector general, the inspectors general of the Intelligence Community, and Congress); section 103H(g)(3) of the National Security Act of 1947 (50 U.S.C. 403-3h(g)(3)) (relating to disclosures to the inspector general of the Intelligence Community); sections 17(d)(5) and 17(e)(3) of the Central Intelligence Agency Act of 1949 (50 U.S.C. 403g(d)(5) and 403q(e)(3)) (relating to disclosures to the Inspector General of the Central Intelligence Agency and Congress); and the statutes which protect against disclosure that may compromise the national security, including sections 641, 793, 794, 798, \*952 and 1924 of title 18, United States Code, and \*section 4 (b) of the Subversive Activities Control Act of 1950 (50 U.S.C. section 783(b)). The definitions, requirements, obligations, rights, sanctions, and liabilities created by said Executive Order and listed statutes are incorporated into this agreement and are controlling.

12. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this agreement and its implementing regulation (32 CFR Part 2001, section 2001.80(d)(2)) so that I may read them at this time, if I so choose.

\* NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

SIGNATURE	DATE	SOCIAL SECURITY NUMBER (See Notice below)
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ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND, IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER) (Type or print)

WITNESS		ACCEPTANCE	
<b>THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.</b>		<b>THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.</b>	
SIGNATURE	DATE	SIGNATURE	DATE
NAME AND ADDRESS (Type or print)		NAME AND ADDRESS (Type or print)	

### SECURITY DEBRIEFING ACKNOWLEDGEMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE	DATE
NAME OF WITNESS (Type or print)	SIGNATURE OF WITNESS

**NOTICE:** The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Public Law 104-134 (April 26, 1996). Your SSN will be used to identify you precisely when it is necessary to certify that you have access to the information indicated above or to determine that your access to the information indicated has been terminated. Furnishing your Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent you being granted access to classified information.