

STUDENT NAME: _____

Last

First

Middle/Maiden

MAILING ADDRESS: _____

HOME PHONE NUMBER: Area Code () _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NO. _____

LAW ENFORCEMENT AGENCY PRESENTLY EMPLOYED WITH: _____

LENGTH OF SERVICE: _____

ADDRESS OF AGENCY: _____

AGENCY PHONE: Area Code () _____

HEAD OF AGENCY: NAME: _____

NAME OF IMMEDIATE SUPERVISOR: _____

REQUESTED DATE OF ADMISSION: School Year: 20____ Month _____

PLEASE CHECK BELOW THE COURSES FOR WHICH YOU ARE ENROLLING:

INSTRUCTOR () PATROL DOG HANDLER () NARCOTICS

DETECTION HANDLER () EXPLOSIVE DETECTION HANDLER ()

CADAVER DETECTION HANDLER () DUAL PURPOSE HANDLER ()

CANINE ADMINISTRATION () SELECTED TOPICS IN

CANINE LAW ENFORCEMENT () SEMINAR ()

NAME AND ADDRESS OF HIGH SCHOOL: _____

DATE GRADUATED FROM HIGH SCHOOL: _____

Month

Day

Year

or

GED YEAR

LAST COLLEGE ATTENDED: _____ DATE OF ATTENDANCE: _____

ADDRESS: _____

CITY

STATE

ZIP

DEGREE OR LAST ACADEMIC STANDING: _____

LIST ANY OTHER COLLEGES ATTENDED:

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY/ STATE _____ CITY/ STATE _____

MEDICAL HISTORY

HAVE YOU EVER HAD, OR DO YOU HAVE:

ARTHRITIS OR RHEUMATISM _____ HEART TROUBLE _____ ASTHMA _____

EPILEPTIC ATTACKS _____ BACK TROUBLE _____ KIDNEY TROUBLE _____

HERNIA _____ ENLARGED RINGS _____ ULCERS _____ COLDS _____

VARICOSE VEINS _____ SORE THROAT _____ A NERVOUS CONDITION _____

TUBERCULOSIS _____ DIABETES _____ HIGH BLOOD PRESSURE _____

HAVE YOU EVER HAD ANY OTHER ILLNESS? _____ WHAT _____

WHEN _____

HISTORY OF HOSPITALIZATION: YES _____ NO _____ WHEN _____

WHY WERE YOU HOSPITALIZED? _____

HAVE YOU EVER BEEN INJURED? _____ WHEN _____

WHERE _____ TYPE OF INJURY _____

DO YOU CURRENTLY WEAR ANY KIND OF ORTHOPEDIC BRACE DURING PHYSICAL ACTIVITY?

YES _____ NO _____ TYPE _____

ARE YOU ON ANY KIND OF MEDICATION? YES _____ NO _____

DO YOU WEAR CONTACTS OR GLASSES? YES _____ NO _____

VISION WITHOUT GLASSES _____ VISION WITH GLASSES _____

WILL YOUR CURRENT MEDICAL INSURANCE COVER YOU IN THE EVENT OF AN INJURY OR SICKNESS WHILE YOU ARE ATTENDING OUR SCHOOL OR PROGRAM?

YES _____ NO _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: () _____ BUSINESS PHONE: () _____

I CERTIFY THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AS RECORDED HERE ON:

SIGNATURE: _____ DATE: _____

ADDRESS: _____

STATE OF ALABAMA
TUSCALOOSA COUNTY

STUDENT RELEASE AND WAIVER OF LIABILITY

I, _____, wish to attend
(Name of Student)

training sponsored by the Alabama Canine Law Enforcement Training Center Inc., Northport, Alabama. I hereby verify that I am over the age of nineteen (years), that I have been fully informed and understand the risks and hazards inherent upon engaging in such enterprise, and that I voluntarily assume all risks of loss, damage, or injury, including death, that may be sustained by me.

Furthermore, in consideration of permission to enter and participate in this training, I hereby release, hold harmless, and fully indemnify Alabama Canine Law Enforcement Officers Training Center Inc., the State of Alabama and officials thereof, and the City of Northport and officials thereof from any and all legal damages, litigation, legal expenses and other claims for damage arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or by my property during the course of my instruction and participation in said training.

This release and waiver of liability shall be binding upon my distributees, heirs, assigns, agents, next of kin, executors, and administrators of my estate.

In witness whereof, I am signing this release and waiver of liability on this _____
_____ day of _____, 20 _____.

(Signature)

STATE OF ALABAMA
TUSCALOOSA COUNTY

I, _____, a Notary Public in and for Tuscaloosa County, State of Alabama, hereby certify that _____
_____ who is known to me, acknowledged before me on this day that, being fully informed of the contents of the above Student Release and Waiver of Liability, he/ she signed the same voluntarily.

Given under my hand and official seal, this the _____, day of _____, 20 _____.

Notary Public

My commission expires _____