

39th Annual  
**Cadet Lawman Academy**

SPONSORED BY

The Oklahoma Highway Patrol

and

The Oklahoma Elks Major Projects

and

The Oklahoma State Troopers Association

and

CUDD Pressure Control



**THIS APPLICATION FORM MUST BE  
SUBMITTED BY APRIL 1, 2012**

MICHAEL C. THOMPSON  
COMMISSIONER



MARY FALLIN  
GOVERNOR

STATE OF OKLAHOMA  
DEPARTMENT OF PUBLIC SAFETY

January 1, 2012

TO: ALL ELKS LODGES

The 39th Annual Cadet Lawman Academy, sponsored by the Oklahoma Elks Major Projects, the Oklahoma Highway Patrol and the Oklahoma State Troopers Association is in the planning stages for the year 2012.

In 2011, it was our pleasure to have 135 young men and women spend one week participating in the Cadet Lawman Academy under the direction of the Oklahoma Highway Patrol. Each young person has the opportunity to see law enforcement at work in the training program given to the cadets.

The dates for this year's academy are June 3-9, 2012, at Burns Flat, Oklahoma.

I encourage your lodge to give consideration to sending a young man or woman who may have an interest in law enforcement or leadership to this academy.

Sincerely,

A handwritten signature in black ink, appearing to read "M.C. Thompson", written over a horizontal line.

Michael C. Thompson  
Commissioner



STATE OF OKLAHOMA  
DEPARTMENT OF PUBLIC SAFETY

January 1, 2012

**TO: ALL ELKS LODGES OF OKLAHOMA**

The 39th Annual Cadet Lawman Academy has been scheduled for June 3-9, 2012. It will continue to be a success if each Elks Lodge (as in the past) gives careful consideration to the young men and women chosen to represent the lodge and community.

I would like to encourage you to participate in this 39th annual Cadet Lawman Academy. These young men and women will gain valuable experience in a very important part of their state government: the Department of Public Safety and the Oklahoma Highway Patrol.

This program will be of value in the orientation of young people to law enforcement and will give them a greater appreciation of the law enforcement community.

Respectfully,

A handwritten signature in cursive script, appearing to read "Colonel Kerry Pettingill".

Colonel Kerry Pettingill #3  
Chief - Oklahoma Highway Patrol

# Oklahoma Highway Patrol and Oklahoma Elks Association Cadet Lawman Academy

## Purpose

The purpose of the Cadet Lawman Academy is to promote the qualities of good citizenship, positive work ethic, leadership, patriotism, integrity, and a sense of civic and personal responsibility. Cadets are given exposure to training and responsibilities of law enforcement officers. Hopefully, they will understand and have a greater respect and appreciation for law enforcement officers. They are asked, upon their return home, to speak to civic, school and youth groups to encourage support for their law enforcement officers.

## Eligibility

The eligible applicant **must be a junior in high school**, have a grade point average of 2.0 or higher and physically able to compete in all activities during the week long program. Candidates will complete an application which includes a doctor's approval of their physical condition (Please note: An athletic physical completed on or after July 1, 2011 will be accepted. Any changes in your health since your athletic physical, must be noted and received prior to your attendance at the academy). The applicant must submit a recent picture (passport size) and a signed endorsement from the high school principal or superintendent, their Elks Lodge President, and an Oklahoma Highway Patrol Trooper. The last requirement: the candidate must believe in the Elks principles of law and order, and service to God and humanity. **Incomplete applications could result in not being accepted.**

## When and Where

The Cadet Lawman Academy is located on the former Clinton-Sherman Air Force Base in Burns Flat, Oklahoma. The Academy is approximately 20 miles southwest of Clinton on State Highway 44. **Cadets are required to arrive June 3, 2012 between the hours of 11:00 a.m. and 12:30 p.m. for registration.** There is an orientation at 1:00 p.m. and **the first meal will be served at 5:00 p.m.** The Academy concludes with graduation exercises scheduled for 2:00 p.m. June 9, 2012. **The emergency telephone numbers for the Cadet Lawman Academy are Building #120, 580.562.3242 and Troop H, Clinton Headquarters, 580.323.2424.** Please use these numbers only for emergencies.

## Sponsors

Oklahoma Highway Patrol, Oklahoma State Troopers Association, and Oklahoma Elks Major Projects sponsor the program.

## Cost

The cost of the program is paid by Oklahoma Elks Major Projects, Oklahoma State Troopers Association, Oklahoma Department of Public Safety and CUDD Pressure Control.

## Training

Every cadet receives instruction in firearms, defensive driving tactics, history of law enforcement, laws of arrest, radar enforcement, aircraft and boating safety, and the responsibility of a citizen.

## Personal Appearance

Each cadet will have a **neat and clean haircut**. A well groomed personal appearance will be stressed throughout the week. **Facial hair is not accepted.**

## What to Bring

Each cadet will bring his or her own personal toilet articles, sun screen, and insect repellent. Blue Jeans, in good repair (no holes), will be worn during the week. **Baggy, sagging, and skinny jeans are not allowed.** Gym clothes are required for outdoor calisthenics and sports. Shorts are permitted for calisthenics and sports only. A set of sweats are recommended. Uniform of the day for the firing range will be blue jeans with rear pockets, leather belt, academy issued tee-shirt, and gym shoes.

**You will need to bring a blanket, pillow and pillow case, along with sheets (Twin size recommended) towels, and wash cloths (no sleeping bags allowed).** During Cadet Lawman week, for water related activities: a one piece bathing suit is preferred for the young ladies but a two-piece suit is allowed if a cover up or tee-shirt is worn. Five Cadet Lawman tee-shirts will be issued, but a personal supply of underwear, socks, handkerchiefs, jackets or sweaters, pajamas, raincoat and disposable cameras may be brought with you. **The cadet's name should be placed on all items for identification purposes. Baseball gloves are recommended.**

**Jewelry (including watches) and body piercing jewelry is not allowed. NO ELECTRONIC DEVICES ARE ALLOWED - radios, tape players, CD/DVD players, I-pods, pagers, and cell phones are not allowed. Violation of this policy will result in dismissal from the Academy.**

## Accommodations

Rooms are heated and air conditioned. There are adequate rest rooms and shower facilities, a clean modern dining room, and well-lighted classrooms. Ball diamonds, volleyball and an outside area for recreation are available.

## Food

A balanced diet of good, wholesome food is provided. **No extra food, drinks or snacks are allowed.** Table manners are stressed. The first meal will not be served until 5:00 p.m. Sunday June 3, 2012.

## EMERGENCY ENDORSEMENT

Parents will need to give authorization for anesthesia and performance of emergency operations and dental care. This permission will be used **ONLY** in case an emergency arises. The Troopers in charge are very safety conscious, and strict discipline is adhered to at all times.

## QUESTIONS

If interested persons have further questions or desire applications, they should contact their local Elks Lodge. If there is not a lodge in your area, contact a State Trooper.

## SELECTION PROCESS

The final selection of cadets is made by a committee from the Oklahoma Highway Patrol and Elks Lodge. The applicant will be notified if selected. Candidates not selected will be placed on an alternate list in the event of cancellations.

## CADET LAWMAN STAFF

The Cadet Lawman staff will be men and women of the Oklahoma Highway Patrol and personnel from other law enforcement agencies. Staff members are highly qualified and skilled in the many phases of law enforcement.

## APPLICATIONS

All applications must be **COMPLETED IN FULL AND RETURNED BY APRIL 1, 2012.**

# **Notice!!!!!!**

**Please Read Carefully !**

WHEN THIS APPLICATION AND PHYSICAL HAVE BEEN COMPLETED BE SURE TO INCLUDE YOUR PHOTO IN THE SPACE PROVIDED.

Applications must be completed in full and endorsed by a State Trooper.

**Send only the white pages from the packet to:**

**Oklahoma Highway Patrol  
Chief's Office  
P. O. Box 11415  
Oklahoma City, Oklahoma 73136-0415**

**DO NOT SEND THE BROWN PAGES FROM THIS PACKET!**

**THE BROWN PAGES SHOULD BE RETAINED  
FOR YOUR INFORMATION**

**IF YOU HAVE ANY QUESTIONS PLEASE CALL  
405.425.2004**

*OKLAHOMA ELKS ASSOCIATION  
AND  
OKLAHOMA HIGHWAY PATROL*

**CADET LAWMAN ACADEMY APPLICATION**

**I. To Be Completed by APPLICANT. Please type or print in ink. MUST BE COMPLETED IN FULL AND SUBMITTED BY APRIL 1, 2012 TO BE ELIGIBLE FOR CONSIDERATION.**

Name: \_\_\_\_\_ Legal Guardian's phone # (    ) \_\_\_\_\_  
Cell phone # (    ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

High School and Address: \_\_\_\_\_

Activities: (School, Church, Sports, Clubs) \_\_\_\_\_

T-Shirt Size: (Circle One)    Small    Medium    Large    X-Large    XX-Large

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Due to safety factors, cadets are prohibited from driving their personal vehicle to the Academy. **Enrollment is between 11 a.m. and 12:30 p.m. on Sunday.** (The academy cannot house cadets until 11 a.m. on Sunday.)  
No meals will be served prior to 5 p.m. on Sunday.  
Each cadet must have his or her driver license or restricted driver license.



I do believe in the Elks principles of Law and Order and service to God and humanity. I verify that I am a member of the Junior Class.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. SCHOOL ENDORSEMENT:** (To be completed by the high school principal)  
**I hereby certify that the above student is a member of the Junior Class** and has a grade point average of 2.0 or higher at \_\_\_\_\_ High School. I recommend active participation in the Cadet Lawman Academy, sponsored by the Oklahoma Elks and the Oklahoma Highway Patrol.

**Signature of Principal:** \_\_\_\_\_

**III. ELKS LODGE ENDORSEMENT:** (To be completed by the local Elks Lodge)

I hereby certify that the applicant is a resident of Oklahoma and our community, and our Elks Lodge recommends acceptance as a delegate at the Cadet Lawman Academy.

**Lodge Name and Address:** \_\_\_\_\_

**Signature of Exalted Ruler or Secretary:** \_\_\_\_\_

**IV. OKLAHOMA STATE TROOPER ENDORSEMENT:** (To be completed by a Trooper)

I, \_\_\_\_\_, a current commissioned officer of the Oklahoma Highway Patrol, do know or have interviewed this applicant, and do hereby recommend this applicant for Cadet Lawman Academy.

**Signature:** \_\_\_\_\_

**Is parent/Legal Guardian a member of OSTA** Yes \_\_\_\_\_ No \_\_\_\_\_

**OSTA Member's Name** \_\_\_\_\_ **Badge #** \_\_\_\_\_

**V. PERMISSION OF PARENT or GUARDIAN:** (To be completed by Parent or Guardian)

During the week your son or daughter is attending the Cadet Lawman Academy they will be given the opportunity to observe the Oklahoma Highway Patrol's Aircraft, Boating, and Driving enforcement programs. Cadets will be allowed to take a flight in the Patrol's aircraft piloted by one of the OHP pilots, ride in an OHP Marine Patrol vessel operated by a state trooper, and drive an OHP vehicle with a state trooper. As a minor the applicant will need your permission. Please sign the following and indicate approval or disapproval.

**APPROVED:** \_\_\_\_\_

**DISAPPROVED:** \_\_\_\_\_

**SIGNATURE (PARENT/GUARDIAN):** \_\_\_\_\_

**The Applicant,** \_\_\_\_\_, has my permission to participate in Cadet Lawman athletics as recommended by the examining physician.

It is agreed the Oklahoma Department of Public Safety, Oklahoma Elks Major Projects, its officers, or their representatives will not be liable for injury to applicants participating in activities under their supervision.

I, \_\_\_\_\_, as the **Parent/Legal Guardian** do hereby consent to the performance of emergency medical and dental care, including operations, for this applicant. I understand that only in an emergency will the above be performed by a Doctor or Hospital Staff Member. Anesthesia may be used when deemed necessary by medical personnel.

**SIGNATURE (PARENT/GUARDIAN)** \_\_\_\_\_

The applicant **must be covered** by health or accident insurance.  
Furnish insurance information below.

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**APPLICATIONS CANNOT BE ACCEPTED WITHOUT**  
**INSURANCE INFORMATION.**

**OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM**

**PLEASE PRINT**

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers below. Circle questions you don't know the answers to.

- |    |   | <b>YES</b>               | <b>NO</b>                |  |   | <b>YES</b>                         | <b>NO</b>                |
|----|---|--------------------------|--------------------------|--|---|------------------------------------|--------------------------|
| 1. | Have you had a medical illness or injury since your last check up or sports physical?                                     | <input type="checkbox"/> | <input type="checkbox"/> | 9.   | Do you cough, wheeze, or have trouble breathing during or after activity?   | <input type="checkbox"/>           | <input type="checkbox"/> |
|    | Do you have an ongoing or chronic illness?  | <input type="checkbox"/> | <input type="checkbox"/> |  | Do you have asthma?   | <input type="checkbox"/>           | <input type="checkbox"/> |
| 2. | Have you ever been hospitalized overnight?  | <input type="checkbox"/> | <input type="checkbox"/> |  | Do you have seasonal allergies that require medical treatment?  | <input type="checkbox"/>           | <input type="checkbox"/> |
|    | Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> | 10.  | Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/>           | <input type="checkbox"/> |
| 3. | Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |  | Do you have any problems with your eyes or vision?  | <input type="checkbox"/>           | <input type="checkbox"/> |
|    | Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?              | <input type="checkbox"/> | <input type="checkbox"/> |  | Do you wear glasses, contacts, or protective eyewear?   | <input type="checkbox"/>           | <input type="checkbox"/> |
| 4. | Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?                                  | <input type="checkbox"/> | <input type="checkbox"/> | 12.  | Have you ever had a sprain, strain, or swelling after injury?   | <input type="checkbox"/>           | <input type="checkbox"/> |
|    | Have you ever had a rash or hives develop during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |  | Have you broken or fractured any bones or dislocated any joints?  | <input type="checkbox"/>           | <input type="checkbox"/> |
| 5. | Have you ever passed out during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |  | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  | <input type="checkbox"/>           | <input type="checkbox"/> |
|    | Have you ever been dizzy during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, check appropriate box and explain below. |   |                                    |                          |
|    | Have you ever had chest pain during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head                    | <input type="checkbox"/> Elbow  | <input type="checkbox"/> Hip       |                          |
|    | Do you get tired more quickly than your friends do during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck                    | <input type="checkbox"/> Forearm  | <input type="checkbox"/> Thigh     |                          |
|    | Have you ever had racing of your heart or skipped heartbeats?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back                    | <input type="checkbox"/> Wrist  | <input type="checkbox"/> Knee      |                          |
|    | Have you had high blood pressure or high cholesterol?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest                   | <input type="checkbox"/> Hand   | <input type="checkbox"/> Shin/calf |                          |
|    | Have you ever been told you have a heart murmur?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder                | <input type="checkbox"/> Finger   | <input type="checkbox"/> Ankle     |                          |
|    | Has any family member or relative died of heart problems or of sudden death before age 50?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm               | <input type="checkbox"/> Foot   | <input type="checkbox"/> Foot      |                          |
|    | Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?                  | <input type="checkbox"/> | <input type="checkbox"/> | 13.  | Do you want to weigh more or less than you do now?  | <input type="checkbox"/>           | <input type="checkbox"/> |
|    | Has a physician ever denied or restricted your participation in sports for any heart problems?                            | <input type="checkbox"/> | <input type="checkbox"/> |  | Do you lose weight regularly to meet weight requirements for your sport?  | <input type="checkbox"/>           | <input type="checkbox"/> |
| 6. | Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?                   | <input type="checkbox"/> | <input type="checkbox"/> | 14.  | Do you feel stressed out?   | <input type="checkbox"/>           | <input type="checkbox"/> |
| 7. | Have you ever had a head injury or concussion?  | <input type="checkbox"/> | <input type="checkbox"/> | 15.  | Record the dates of your most recent immunizations (shots) for:   |                                    |                          |
|    | Have you ever been knocked out, become unconscious, or lost your memory?  | <input type="checkbox"/> | <input type="checkbox"/> |  | Tetanus _____ Measles _____   |                                    |                          |
|    | Have you ever had a seizure?  | <input type="checkbox"/> | <input type="checkbox"/> |  | Hepatitis _____ Chickenpox _____  |                                    |                          |
|    | Do you have frequent or severe headaches?   | <input type="checkbox"/> | <input type="checkbox"/> | Explain "Yes" answers here: _____                |   |                                    |                          |
|    | Have you ever had numbness or tingling in your arms, hands, legs, or feet?  | <input type="checkbox"/> | <input type="checkbox"/> | _____  |   |                                    |                          |
| 8. | Have you ever become ill from exercising in the heat?   | <input type="checkbox"/> | <input type="checkbox"/> | _____  |   |                                    |                          |

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, trainers or other personnel properly trained.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of athlete \_\_\_\_\_

**(Complete Back Side)**

## PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body fat (optional) \_\_\_\_\_ % Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ )  
Initial BP Post Exercise 5 Min. Post Ex.

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Y/N \_\_\_\_\_ Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

( ) Cleared  
 ( ) Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_

( ) Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_

Name & Title of Examiner (Print/Type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Examiner \_\_\_\_\_