





## LOS ANGELES SCHOOL POLICE DEPARTMENT

Youth Programs - Operations Support Division  
125 N. Beaudry Ave, Los Angeles, California 90012  
Telephone: (213) 625-6631

### Explorer Personal Information

\_\_\_\_\_  
Last Name                      First Name                      Middle

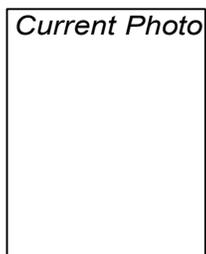
\_\_\_\_\_  
Date of Birth      Age      M/F      School of Attendance      Grade

\_\_\_\_\_  
Home Address                      City                      State      Zip Code      Home/Cell

\_\_\_\_\_  
Email Address (Please print legibly)

\_\_\_\_\_  
Mother or Legal Guardian                      Phone Number

\_\_\_\_\_  
Father or Legal Guardian                      Phone Number





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**Video-Photo Release**

I understand that during the Los Angeles School Police Department (LASPD) Explorer/PAL Program and/or activity, my photograph and/or the photograph of my child may be taken by the LASPD Explorers/PAL, producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the LASPD Explorers/PAL, producers, sponsors, organizers, and/or it's assigns for such purpose as they deem appropriate.

**Authorization to Treat a Minor**

I, the parent or legal guardian, of the child listed below, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provision of the Medical Practice Act of a Dentist licensed under the provision of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provision of the California Civil Code. This consent shall remain in effect until 31 December of the subject year.

Allergies to drugs or food: \_\_\_\_\_

Any special medications, important medical information or instructions: \_\_\_\_\_

List any restrictions to medical treatment: \_\_\_\_\_

**Release from Liability**

In consideration of the acceptance of my child, as a participant in any programs and/or activities of the LASPD Explorer/PAL Program and its member chapters. I and my child hereby agree to assume all risk attendant upon myself and my child while participating in any LASPD Explorer/PAL Program and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participadon in the LASPD Explorer/PAL Program or activity. I agree to indemnify and hold harmless from liability arising out of or connected in any way with my or my child's participation in the LASPD Explorer/PAL Program and/or activity, even though that liability may arise out of negligence or carelessness on the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the LASPD Explorer/PAL Program and/or activity.

I have read, understand and approve the AUTHORIZATION TO TREAT A MINOR (with any restrictions I may have listed above). RELEASE FROM LIABILITY and the VIDEO-PHOTO RELEASE.

Los Angeles School Police Department Explorer/PAL Program

\_\_\_\_\_  
Name of Participating Child

\_\_\_\_\_  
Name of Program

\_\_\_\_\_  
Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



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### Los Angeles School Police Department Explorer Program Participation Physical Evaluation

#### THIS FORM IS FOR DOCTOR USE ONLY

Participating child will not be eligible to participate without an original signature and stamp from the Doctor or Physician Assistant.

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Name of Participant

This participant will be enrolled in a military style Police Explorer Program that occurs on various days. The program consists of counseling related to anger management, sex education, teen suicide, and respect for the law. The student will be expected to complete an intense physical training program, which includes:

**Running, Sprinting, Jumping Jacks, Sit-ups, Push-ups, Low Crawl and other...**

The participant is cleared to participate in the Explorer Program    YES            NO    (Circle one)

Completed by Doctor or Physician's Assistant

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Name of Physician (Print/Type):

Date:

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Address

City

Zip Code

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Phone Number:

---

Signature of Physician:

---

Stamp