

TOLLAND POLICE CADET POST #142

(MEMBER CONTACT RECORD AND MEMBERSHIP APPLICATION)

Applicant must be attending high school and be age 14 to 18

MEMBER _____ TELEPHONE# _____

HOME ADDRESS _____ CELL# _____

D.O.B. _____ SSN# _____ HEIGHT _____ WEIGHT _____ SEX _____

EMPLOYMENT _____ SCHOOL _____

UNIFORM SIZES: SHIRT _____ TROUSER:WAIST _____ &LENGTH _____ HAT: _____

MED. INSURANCE INFO: COMPANY _____ SUBSCRIBING ID# _____

TRAINING CERTIFICATIONS _____

EMERGENCY NOTIFICATION

PRIMARY NAME _____ RELATIONSHIP _____

ADDRESS _____ HOME PHONE# _____

WORK# _____ CELL# _____

EMPLOYER NAME & ADDRESS _____

SECONDARY NAME _____ RELATIONSHIP _____

ADDRESS _____ HOME PHONE# _____

WORK# _____ CELL# _____

EMPLOYER NAME & ADDRESS _____

NOTICE OF LIABILITY AND INSURANCE COVERAGE WAIVER

THE UNDERSIGNED, PARENTS OR GUARDIANS OF SAID Cadet, a member of the Tolland State Police Cadets, Post 142, hereby agrees that the members own insurance carrier is the primary insurance provider, and the Northeast Regional Law Enforcement Education Association, Inc., NERLEEA, insurance for any claims not covered by the member's primary insurance carrier. That the member and parents or guardian of the members indemnifies and holds harmless the State of Connecticut, The Connecticut Department of Public Safety-Division of the State Police, its agents and employees; and the Town of Tolland and its servants, agents and employees, specifically supervision and control of the Tolland Cadet Post #142, from any claims of any kind whatsoever or any nature or injury to the person or damage to the property of above said Tolland Cadet Post members, his/her parents, siblings or heirs.

By affixing your signature to this record/application you acknowledge receipt of the current Tolland Post By-Laws Rules and Regulations. The Post Senior Advisor or chairperson(s) of the Tolland Cadet Post #142 reserves the right to amend, delete, or suspend any part of this policy.

POST CO-CHAIRMAN X _____ TOLLAND RESIDENT TROOPER
POST SENIOR ADVISOR X _____ TOLLAND RESIDENT TROOPER
MEMBER X _____ PARENT/GUARDIAN X _____ DATE _____

Upon acceptance into the cadet program, participants must provide an annual registration fee of \$25.00. Checks should be made payable to the Tolland Police Explorer Program. Payment is due in December of the year you are participating in.