2022 LAW AND LEADERSHIP ACADEMY

Troop “N” APPLICATION

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_
3. GENDER: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_
4. ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_

ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NAME OF PARENT/ GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. SCHOOL YOU CURRENTLY ATTEND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF LAW PROGRAM ADVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. DO YOU HAVE ANY PHYSYCAL PROBLEMS THAT WOULD LIMIT YOUR PARTICIPATION IN ACADEMY ACTIVITIES? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_\_
2. ARE YOU ON ANY MEDICATIONS: YES: \_\_\_\_\_\_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_\_\_\_

IF YES, PLEASE EXPLAIN:

1. EMERGENCY CONTACT INFORMATION (NAME AND PHONE NUMBERS)
2. ARE YOU ALLERGIC TO ANYTHING? (FOODS, PETS ETC.)

YES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YES, PLEASE EXPLAIN:

1. **HAVE YOU EVER BEEN ARRESTED/CHARGED: YES: \_\_\_\_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_\_\_\_\_\_**

**(TO INCLUDE ALL TRAFFIC AND NON-TRAFFIC SUMMARY OFFENSES)**

1. **CLOTHING SIZES: T-SHIRT \_\_\_\_\_\_\_\_ POLO\_\_\_\_\_\_\_\_\_ SHORTS\_\_\_\_\_\_\_\_**

**LIST ANY IN SCHOOL OR COMMUNITY ACTIVITIES YOU ACTIVELY PARTICIPATE IN**.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (PRINT) NAME SIGNATURE

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_