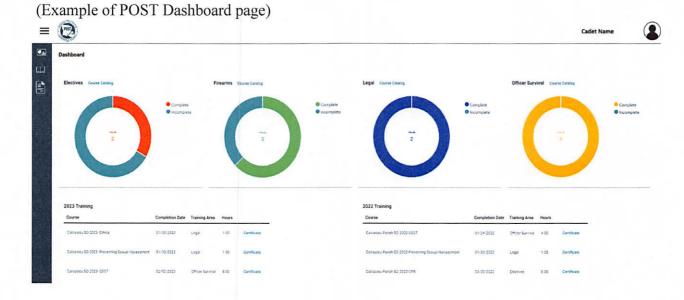


#### CALCASIEU PARISH REGIONAL LAW ENFORCEMENT TRAINING ACADEMY

All cadets pre-testing for or attending the Full Basic Academy must be assigned to full duty status (meaning not on modified, light or limited duty assignment).

The following must be completed and submitted to Academy Staff prior to attending Pre-Academy Fitness Testing: (This includes those attending as refresher or transition)

- Full Basic Registration Form with all signatures
- Full Basic Physical Examination Form listing all pre-existing conditions and limitations with cadet and physician signatures.\*
- Medical Release to Attend Basic Training Academy with physician's signature
- Informed Consent signed by Cadet and 2 witnesses
- Signed Training Agreement (Calcasieu Sheriff's Office Employees only)
- Copy of the cadet officer's current valid driver's license and commission card
- Copy of the cadet's POST account Dashboard page showing the cadet's name as proof of their POST log-in (See POST account instructions for details on how to set up your POST account)
- Submit your COMPLETED PACKET by email at <a href="mailto:trainingsupport@cpso.com">trainingsupport@cpso.com</a> and the original to academy staff prior to attending Pre-Academy Fitness Testing



<sup>\*</sup>Due to the strenuous physical requirements expected of a cadet, serious or recent medical issues may require additional medical clearance beyond that of an NP or GP and will be addressed on an individual basis.

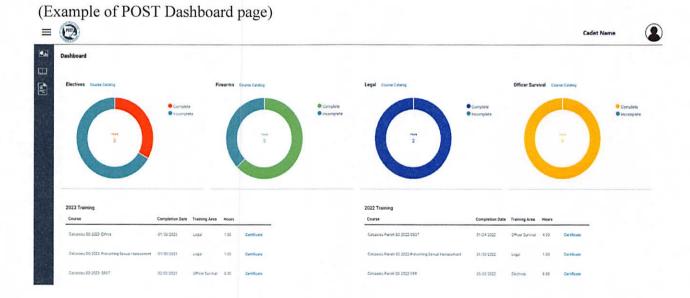


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<sup>\*</sup>Due to the strenuous physical requirements expected of a cadet, serious or recent medical issues may require additional medical clearance beyond that of an NP or GP and will be addressed on an individual basis.



### Calcasieu Parish Regional Law Enforcement Training Academy FULL BASIC REGISTRATION FORM

P.O. Box 3722 . Lake Charles, Louisiana 70602 . Phone (337) 491-3850 Fax (337) 494-1136

☐ Full Basic ☐ Refresher ☐ Transition

CADET IN	<b>IFORMATIO</b>	ON	(P	LEASE ATTACH	COPY	OF YOUR	DRIV	ER'S LICE	ENSE)			
Last Name (Print or Type)			irst	The state of the s		☐ Mr. ☐ Miss		Marital Status (Circle One)				
11						Mrs. □ M		Single / I	Mar / Div	/ Sep /	Wid	
Is this your legal name?		not, what is your le	egal name?	(Maiden Nam	ne)		Birth [	Date	Age	Sex		
☐ Yes ☐ No							1 1			□м	□F	
Home Street Address		City	State	ZIP Code	Code Social Security		Number Home Phone N		one Numbe	er		
								( )				
Employer Name		Employer a	Address		City			State				
Zip Code		Job Title 8	Job Title & Division					Employer Phone Number				
								( )				
Height	Height Weight Drivers		No. & State	ate Are you a full-time		☐ Yes Hire		Date				
				Employee?	□ No		1 1					
Cadat's busine	ess email addres											
	or academy cour	-										
THE RESERVE OF THE PROPERTY OF THE PARTY OF	AL INFORM		(P	LEASE ATTACH	COPY	OF YOUR	DEP/	RTMENT	COMMIS	SION)		
High School Attended		Graduated		If not a graduate, give highest grade attained				City and State of High School				
		Yes No										
College Attended		Graduated	If not a gr	aduate, give numbe	ate, give number of hours completed			City and State of College				
		☐ Yes ☐ No										
Weapon Type												
No Single Action (Check One)		(.38 / .35	7)	□ (9mm)		□ (.40 cal) □		(.45 cal)		(Other)		
Shirt Size (Check One)		□ (Medium	1)	l (Large)	☐ (XLarge)		☐ (XXLarge)			☐ (XXXLarge)		
200												
In case of an emergency, notify		y:	Home Phone	e No.			Work Phone No.		Othe	er Phone	No.	
			( )			(	)		(	)		
Relationship to cadet												
SIGNATURES												
Y												
X Cadet Signature							DATE					
Oddet Olgilature					DITTE.							
X												
Chief / S	heriff / Departme		DATE									



#### Calcasieu Parish Regional Law **Enforcement Training Academy**

#### **FULL BASIC PHYSICAL EXAMINATION FORM**

	P. O. Box 3	3722, Lake	Charles, Lou	isiana 7060	2	Phone: (3	337) 491-3850	Fax: (337) 494-1136
Must be completed and	eturned with r	egistration fo	rm	✓ Full Basic		151 Bas	c Transition	☐ 169 Trans. Correctional
•			er cadet only	does not need	a physic	cal examina	ition	
CADET INFORM	ATION							
Last Name (Please Print	or Type)	First		Middle		☐ Mr.	Miss	Marital Status (Circle One)
						Mrs.	Ms.	Single / Mar / Div. / Sep. / Wid.
Is This Your Legal Name	? If not, what is	s your legal n	ame?	(Maiden Nan	ne)		Birthdate	Age Sex
Yes No							1 1	M   F
Home Street Address		City	State	Zip Code	Home	Phone No.		Do You Smoke?
					<u>( )</u>			Yes No
Employer:		Are you curre what kind?	ently taking me	No	If so,	1000	tretching, weight tr	n a physical activity program?
		Wilat Killur		, ,,,		(Jogging, J	Yes	No
Describe your level of	Physical Act	ivity (check	one)					
☐ Very Active ☐	Moderately A	ctive 🔲 (	Occasionally Act	ive	Inactive	e 🗌	Other	
History of Hospitalization	If any item	number is ch	ecked, please	note item nun	ber and	explain.		
1 Allergies 2	Injuries 3				Diab		6 Other	
Past and Present Health	History	1. Stroke	2. Epilepsy	/ 🗌 3. Ort	hopedic o	or musular p	roblems 🗌 4. Hi	gh Blood Pressure   5. Cancer
6. Heart & arterial dis	eases 🗌 7. A	Anemia 🗌 8	. Abnormal che	st x-ray	9. Ches	t pains	10. Other	
If any item number is ch	cked, please r	note item num	ber and explai	n.				
Any Previous Work. Con	p. Injuries Or	Claims: NO	) YES	To What Are	-			Year
COMPLETE BY PHY				(To be con				adatla madical status
Blood Pressure F Systolic / Diastolic	eading	Pulse Rate	Note	any further i	ntormati	on or recon	imendations on c	adet's medical status
dystolic / Diastolic								
From your examination								
activity and defensive to								
includes a pull/drag 185							articipate in all d	efensive tactics
training which includes	punching, kick	king, blocking	drills, takedo	wns, and fire	arms tra	ining.		
Please check one:		□ DO I	Recommend			□ D	O NOT Recommend	d
Please check one:		□ DO I	Recommend			D	O NOT Recommend	d
Please check one:	please exp		Recommend			□ D	O NOT Recommend	d
If not recommended	l please exp		Recommend			D	O NOT Recommend	d
If not recommended		lain:		ning guestion	s truly de			
If not recommended		lain:		oing question	s truly do			of this appicant on this day.
If not recommended		lain:		oing question	s truly de			
If not recommended  MD SIGNATURE  This examination and	resulting infor	lain:		oing question	s truly de			
If not recommended  MD SIGNATURE  This examination and  X  PHYSICIAN SIGN	resulting infor	rmation applie	ed to the forego		s truly de		hysical condition	
If not recommended  MD SIGNATURE  This examination and  X  PHYSICIAN SIGN	resulting infor	rmation applie	ed to the forego		s truly do		hysical condition	
If not recommended  MD SIGNATURE  This examination and  X  PHYSICIAN SIGN	resulting infor	rmation applie	ed to the forego		s truly de		hysical condition	
If not recommended  MD SIGNATURE  This examination and  X  PHYSICIAN SIGN	resulting infor	rmation applie	ed to the forego		s truly de		hysical condition	



## Calcasieu Parish Regional Law Enforcement Training Academy

P.O. Box 3722 . Lake Charles, Louisiana 70602 Phone (337) 491-3850 . Fax (337) 494-1136

#### **Medical Release to Attend Basic Training Academy**

Nov. 2020

Cadets attending the law enforcement training academy, can expect to endure the following during 500+ hours of training (this is not an all-inclusive list):

- Many facets of training take place for an extended number of hours (up to 8) in the heat or cold, depending on the time of year, and in inclement weather
- Many aspects of training are highly mentally and physically taxing with a very high probability of physical strain and being struck in various parts of the body
- Cadets will be exposed to 50+ people on a daily basis both in a classroom setting and in close physical proximity to each other while engaged in self-defense and other law enforcement training
- High intensity firearms training wherein cadets will shoot several thousand live rounds during the course
  of 80+ hours of training using a 9mm side-arm, patrol rifle, and shotgun; all cadets will be required to
  show proficiency with their weapon(s) while under extreme mental and physical stress
- Very high intensity officer survival training (80+ hours) involving all aspects of ground fighting including traditional self-defense tactics - striking, blocking, kicking; controlling non-compliant subjects; ground fighting and grappling tactics when the subject is stronger and larger than the officer; defense against disarming attempts; handcuffing non-compliant subjects from standing, kneeling and prone positions; and the ability to control resistive subjects
- Outdoor high intensity physical training such as running 2 -3 miles and circuit training several times each week
- Active shooter training and practical scenarios which are very high intensity both physically and mentally
  with a high probability cadets will be hit with simulated training ammunition and required to subdue
  combative role-players
- Training in diffusing riotous crowds during civil disturbances and physically gaining control of uncooperative subjects with a probability of physical strain and being struck in various parts of the body

Understanding the above requirements, by signing below, I: (please check one option below)					
Do Recommend	Do NOT	T Recommend			
Academy.	attend the Calcasieu	ı Regional Law Enforcement Training			
PHYSICIAN SIGNATURE	PHYS	ICIAN PRINTED NAME			
DATE					



#### Calcasieu Parish Regional Law Enforcement Training Academy

P.O. Box 3722 . Lake Charles, Louisiana 70602 Phone (337) 491-3850 . Fax (337) 494-1136

#### **INFORMED CONSENT FORM**

The undersigned hereby gives informed consent to engage in a series of procedures relative to completing a written physical examination form, taking a battery of exercise tests and participating in a variety of physical activities. The purpose of the testing is to train law enforcement cadets on techniques to determine physical fitness, cardiovascular function and health status. All exercise testing and physical activity sessions will be supervised and monitored by Staff Instructors, emergency medical technicians and or certified defensive tactic instructors. These activities including running and callisthenic exercises performed in either field or classroom setting.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat-related illness, abnormal heartbeats, abnormal blood pressure and in rare instances, a heart attack. If abnormal changes were to occur, the staff would take necessary steps for CPR-First Aid, or make contact with emergency medical assistance if needed.

I have read this form, understand that there are inherent risks associated with any physical activity, and recognize it is my responsibility to provide accurate and complete physical examination information. If my blood pressure reading is 140 over 90 or higher, the examining Emergency Medical Technician, and or Training Academy staff will not allow me to pre-test or continue doing any other physical activities until my physician clears me to do so. I will monitor my individual physical performance during any activity and **immediately** inform instructors of any physical discomfort. I also understand if I fail any of the required entry or graduation level testing agilities, then I did not complete the level successfully. It is also my responsibility to start a physical fitness wellness program at least 10-12 weeks prior to my pre-test date.

In the event of a medical problem, I further recognize that any medical care that may be required is my

personal financial responsibility.	
Cadet Signature	Date
Witness Signature	_
Witness Signature	_

• This form must be signed and returned with registration and physical examination forms (This does not apply to refresher cadet's only)



Witness

## Calcasieu Parish Sheriff's Office

TONY MANCUSO, SHERIFF AND EX-OFFICIO TAX COLLECTOR

Parish of Calcasieu • 5400 E. Broad Street • Lake Charles, LA 70615 Phone (337) 491-3700 • Fax (337) 494-4522

#### **EMPLOYEE TRAINING AGREEMENT**

l,(Nar	, as an employee of the Calcasieu
Parish Sheriff's Office, unders	tand that I am being afforded, at expense to the Calcasieu
Parish Sheriff's Office, the opp	portunity to receive specialized training. The training
program referred to herein is _	(Name of School or Program) and is scheduled
to occur on the day of	, 20 at a total cost of \$
I understand the need,	because of the cost the Sheriff's Office will incur to send
me to this program or training	, to commit to remain employed by the Sheriff's Office for
at least two (2) years. By sign	ning below, I so commit. If I choose to leave the Sheriff's
Office for any reason within the	ne specified period of time, I agree to repay the expense
incurred by the Sheriff's Office	e in sending me to this training. I understand that the two
(2) year period will commend	ce on the first scheduled day of my attendance of the
training program.	
It is my further understa	anding that this agreement is in accordance with Louisiana
Revised Statue R.S. 23:921,	Attorney General Opinion Number 93-277, and General
Order S5.02 Section V-A. of the	ne Calcasieu Parish Sheriff's Office Policy and Procedures
Manual.	
Witness	Employee's Signature



# Calcasieu Parish Regional Law Enforcement Training Academy

P.O. Box 3722, Lake Charles, Louisiana 70602 Phone (337) 491-3701. Fax (337) 494-1136

## EQUIPMENT NEEDED FOR FULL BASIC TRAINING SESSIONS

All cadets will be required to bring the below following to class everyday even though

Firearms or Defensive Tactics is not scheduled. A schedule change may be unforeseen at the last minute.

#### Firearms Equipment and Dress Attire:

- Unloaded duty weapon due to safety regulations there will be <u>no single action</u> allowed.
- Complete duty nylon or leather rig belt inner/outer belt, holster, magazine case, speeder loader case, and keepers (recommended)
- Ammo carrier semi-automatics-3 magazines; revolvers-2 speeder loaders
- Eye protection made for shooting (Preferred wrap around)
- Rain gear or change of clothes
- Gun cleaning kit will be covered during class
- Ear protection (Provided by Academy if cadet does not have own)
- Blue academy t-shirt (Shirts must be tucked in at all times)
- Khaki pants with belt loops (belts must be worn at all times)
- Black lace up boots or shoes and or running shoes
- Flashlight
- Caps Highly Recommended with no explicit logos or sayings (Only to be worn when outside)
- Water Bottle

#### **Defensive Tactics Equipment and Dress Attire:**

- Blue academy t-shirt (Shirts must be tucked at all times)
- Khaki pants with belt loops (belts must be worn at all times)
- Complete duty nylon or leather rig belt same as firearms
- Handcuffs and Handcuff key
- No firearms, tasers, OC spray, knives,
- Black lace up boots or shoes and or running shoes
- Support bra (women) and athletic cup (men) (protection)
- Handcuffs, cuff case, and handcuff key
- Caps Highly recommended with no explicit logos or sayings (Only to be worn when outside)
- Water bottle
- Because of hands on contact, fingernails must be cut short to help prevent scratching
- No jewelry allowed that may cause injury to yourself or others

#### **Physical Training Dress Attire:**

- Gray gym shorts or gray sweatpants
- Blue academy t-shirt (shirts must be tucked in at all times)
- Running shoes only
- Navy blue or black biker shorts to wear underneath gray gym shorts (Optional but highly recommend)
- Navy blue or black turtle neck or sweatshirt allowed to be worn underneath academy t-shirt during cold weather – (optional)
- Water bottle
- Caps Highly recommended with no explicit logos or sayings (Only to be worn when outside)