

National Office Cashier Services

Amount _____

NLEEC Fee: 62005-3910 per _____

2010 National Law Enforcement Exploring Conference

YOUTH AND ADULT REGISTRATION FORM

Note: TO BE COMPLETED BY EVERY EXPLORER, ADVISOR, ADULT LEADER OR STAFF MEMBER THAT WILL ATTEND CONFERENCE. ALL PARTICIPANTS WILL BE HOUSED ON CAMPUS DURING CONFERENCE.

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Post No. LFL No. Local LFL Headquarters City State Zip

PARTICIPANT INFORMATION (Note: All participants must be registered members of Learning for Life/Law Enforcement Exploring):

Last Name First Name MI

Address City State Zip
Daytime Phone (____) _____ Mobile No. (____) _____ E-mail address _____

REGISTERED AS: EXPLORER ____ / ADVISOR ____ GENDER: MALE ____ / FEMALE ____ AGE: ____ / BIRTH DATE: _____

Name of primary Advisor (adult leader) who will be attending conference and responsible for Explorers from Post:

Name: _____ Mobile No: (____) _____

PARENT/GUARDIAN INFORMATION (to be completed for youth participants):

Name of parent or guardian _____ Telephone _____
Home address _____
City _____ State _____ Zip _____
Business address _____
City _____ State _____ Zip _____

IN CASE OF EMERGENCY DURING CONFERENCE, NOTIFY:

Name: _____
Relationship: _____ E-Mail Address _____
Street address _____ City _____ State _____ Zip _____
(____) _____ (____) _____ (____) _____
Area Code Day Phone Area Code Evening Phone Area Code Pager/Mobile

CONFERENCE CODE OF CONDUCT

1. All participants are expected to adhere to the Law Enforcement Code of Ethics and act in accordance with the ideals of the Exploring program.
2. All participants are expected to demonstrate courtesy and respect to other conference participants, university and conference staff, and visitors.
3. Explorers are expected to act and dress in a manner that will convey a positive reflection on their sponsoring agency and the Law Enforcement Exploring program. Participants are encouraged to wear their uniform, or other clothing articles that identify them as a Law Enforcement Explorer, as much as possible during the conference.
4. Explorers are expected to attend all scheduled sessions and participate in as many conference activities as possible.
5. Explorers are expected to demonstrate integrity and good sportsmanship during competitive activities.
6. In consideration of other conference participants, Explorers are expected to be in their rooms and quiet from 1 a.m. until 6 a.m., unless otherwise directed by their Advisor or conference staff. Male Explorers are not allowed in the female housing area at any time, or vice versa.
7. Explorers are responsible for ensuring their dormitory rooms are maintained in a reasonably clean and orderly manner, for securing personal possessions and keeping door locked when not in the room.
8. Explorers are expected to adhere to all local ordinances, rules and regulations and to be exemplary guests of the host city and university.

IF PERSON NAMED ABOVE IS NOT AVAILABLE IN THE EVENT OF AN EMERGENCY, NOTIFY:

Name	Relationship	Telephone	E-Mail Address

Name	Relationship	Telephone	E-Mail Address

STATEMENT OF UNDERSTANDING and SIGNATURES (To be completed by all Explorers, Advisors and other adult leaders or staff)

For value received, I hereby consent to the use of my (or his/her) name, voice and/or pictures by Learning for Life, and/or any movie, news, or broadcasting companies or their licensees for broadcasting, direct exhibition, and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said Explorer of any product or service. I hereby agree to indemnify Learning for Life and my local Learning for Life office, officers, employees, agents, or their representatives, and any other person working under the director or engaged in the conduct of their affairs, said movie or broadcasting companies and their licensees representing any claim arising out of my or said Explorer's acts or statements. I have read the Code of Conduct and agree to the rules and regulations therein.

Signature of participant _____ Date _____

Signature of parent or guardian _____ *(Required if participant is younger than 18)*

Signature of Advisor* _____ Date _____

*(or, as applicable, adult leader or staff member)

<p>IMPORTANT: REGISTRATION FORM MUST BE ACCOMPANIED BY CORRESPONDING LEARNING FOR LIFE MEDICAL FORM</p> <p>Please retain a copy of this form for Post Records</p>
