

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
DEPUTY EXPLORER PROGRAM

STATEMENT OF HEALTH OF MINOR

PARENT'S EVALUATION
(Age 14-17 Yrs.)

The purpose of this letter is to allow the minor, _____
to participate in the below listed physical training activities. Physical training is one of the components of
the Los Angeles County Sheriff's Department's Deputy Explorer Program.

Each participant will be required to perform various calisthenics commonly used by the Los Angeles
County Deputy Sheriff's Academy program, including, but not limited to: marching (close order drill),
weight lifting, circuit training, sit-ups, pull-ups, push-ups, jumping jacks, leg lifts, basic boxing and/or basic
wrestling, sprinting and jogging (up to 4 miles). All the physical training is monitored by the Explorer
Program staff. The calisthenics are designed to educate the participant as to the importance of physical
exercise and maintaining a healthy lifestyle. The Center for Disease Control (CDC) has identified obesity
in children and teenagers as a major health concern.

In addition, the participant will be subjected to the mental stress of receiving, interpreting, and
immediately reacting to verbal commands as they relate to physical training and marching drills. The
participant will occasionally be required to stand at "attention" for varied periods of time (not exceeding
10-15 minute intervals).

To the best of my knowledge, the minor is in apparent good health and is physically and mentally able to
participate in the physical training activities of the Deputy Explorer Program, as described above. I
understand and agree that the minor must receive a written medical clearance from a physician prior to
being enrolled into the explorer program, and agree that I will provide a copy of to the Los Angeles
County Sheriff's Department's Deputy Explorer Program.

I hereby represent that I have carefully read, understand and agree with the contents of this document
and sign the same of my own free will.

Parent/Legal Guardian (print): _____

Parent/Legal Guardian (Signature): _____ Date: _____

Parent/Legal Guardian (print): _____

Parent/Legal Guardian (Signature): _____ Date: _____