



## Waukeee Police Character Building Academy

1300 L.A. Grant Pkwy. • P.O. Box 757 • Waukeee, Iowa 50263  
(515) 987-1073 • FAX (515) 987-5064

**Character Building Academy** turns an ordinary summer into an extraordinary adventure and turns seemingly unattainable challenges into very achievable successes!

It's not just how many hours you put into each day, but what you put into each hour that counts! That certainly is the philosophy of Waukeee Police Character Building Academy.

During the 10 days of physical fitness and military-style training, young men and women learn about the power of teamwork, the importance of respect for self and others and build the confidence to achieve the impossible. Cadets learn about loyalty, leadership, manners and perseverance.

The activities are designed to increase the physical and mental confidence of each cadet. Whether he or she is awkward or athletic, each cadet learns that his or her reach should and can exceed his or her grasp!

The goal of the academy is for each cadet to leave a little stronger, flying a little higher, standing a little taller and feeling a greater sense of accomplishment.

### **Goals:**

- To focus on changing behavior leading the cadets to become a responsible productive member of society.
- To provide for meaningful accountability by the cadet to their community through service to others.
- To provide the cadet with a structured means of building a feeling of good self-esteem and worthiness about himself.
- To instill the meaning of trustworthiness and loyalty to the cadets, family and peers.
- To create an environment that promotes learning by courtesy, attention to detail and proper attitude.
- To encourage healthy physical exercise for better bodies and minds.
- To promote high character and good moral values through role modeling and leadership training.
- To promote integrity, honor, courage, self-discipline, hard work, and loyalty.



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# **MISSION STATEMENT**

Our mission is to provide constructive intervention and early support for young men and women. The program is designed to emphasize positive decision-making and discipline, and promote healthy behaviors. With military style training and discipline on one hand, and education and life skills activities on the other, cadets strengthen their body, mind and spirit.

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## **CLASS SCHEDULE**

**Men – June 4 thru June 15 – 8 am to 1 pm** (no weekends)

**Women – June 18 thru June 29 – 9 am to 2 pm** (no weekends)

**Classes will be held at the Waukeee Police Department, 1300 LA Grant Parkway, Waukeee, Iowa.**

**CADETS MUST BE ON TIME EACH DAY WITH A BLACK BELT,  
WHITE COTTON SOCKS AND RUNNING SHOES.**

# CHECKLIST

Mark all with an X.

- Read opening letter
- Read mission statement/schedule
- Read classes taught at the academy
- Parent and Cadet go over Rules and Regulation Book  
(Online applicants must pick this up at Waukee Police Department when application is turned in.)
- Read DeRocher Chiropractic letter
- Fill our Essential Information form
- Fill out Scholarship Program Form. (If applicable)
- Fill out and sign Request to Participate in an Activity Form
- Doctor and Parent fill out and sign Pre-Participation Physical Exam Form
- Fill out In case of Emergency Information Form
- Fill out Health Information Form
- Parent Questionnaire
- Fill our Haircut Form
- Fill out Uniform size Form

List of classes the cadet will be  
taught for the two-week period:

- ❖ United States Constitution
- ❖ Declaration of Independence
- ❖ Respect for Authority, parents, self and others
- ❖ How to be more self-motivated
- ❖ How to accept responsibility
- ❖ How to become a leader
- ❖ Community Involvement—Field Trip to a Nursing Home to assist the elderly
- ❖ How to set goals and solve problems
- ❖ How to communicate more effectively
- ❖ How to resolve conflict easily
- ❖ How to handle peer pressure
- ❖ Anti-Bullying and Courage
- ❖ Sexual Harassment
- ❖ Internet Safety, dangers on online predators
- ❖ Alcohol Prevention
- ❖ Drug Prevention
- ❖ Self Image and self respect
- ❖ Strengthen Women

**The cadet will be challenged physically and mentally as well during the eight day academy.**

Dear Parent or Guardian,

To better help with the cost Nick DeRocher of DeRocher Chiropractic is donating his time and cost to give sports physicals. Mr. DeRocher is certified to give sports physicals.

**This will be no cost to you** if you bring your child to his clinic, just mentioned that your son or daughter will be participating in the program.

Contact his office at 515-978-8889 and schedule an appointment, his office is located at 70 Hickman Road, (next to Dominos), Waukee Iowa.

If you have any questions please feel free to contact the Waukee Police Department at 515-987-1073.

## Essential Information Form

**STUDENT'S NAME:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PARENT/GUARDIAN (Other than Insured):** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

**RELATIVE OR FRIEND:** \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PLEASE MAKE SURE THIS FORM IS FILLED OUT COMPLETELY  
AND CONTAINS ALL INFORMATION REQUESTED.**

## SCHOLARSHIP PROGRAM

The Waukeee Police Department offers a scholarship program for those cadets and families who may have a difficult time paying for this program.

It is our goal to do everything we can to get as many young men and women involved in this program and we do not want money to be the reason they are unable to attend.

Please fill out the information below to determine eligibility for the program. (Please Print Clearly)

Cadet's Full Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Father's Employment \_\_\_\_\_ / Title \_\_\_\_\_

Mother's Employment \_\_\_\_\_ / Title \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Total Income per household \_\_\_\_\_

The Waukeee Police Character Building Committee will review and award scholarships and you will be notified by letter if he or she receives the scholarship.



**WAUKEE POLICE DEPARTMENT**  
PRE-PARTICIPATION PHYSICAL EXAMINATION

Every year each cadet (ages 12-16) shall present to the Waukeee Police Department a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition.

*This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year.*

**QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or print this information)**

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**HEALTH HISTORY (The following questions should be completed by the cadet with the assistance of a parent or guardian. A parent or guardian is required to sign on the back of this form after the physical examination is completed.)**

	YES	NO		<i>Has the ca</i>
1.	_____	_____		
2.	_____	_____	Any illness lasting more than one (1) week?	
3.	_____	_____	Rheumatic fever, mononucleosis?	
4.	_____	_____	Hospitalizations (Overnight or longer)?	
5.	_____	_____	Surgery, other than tonsillectomy?	
6.	_____	_____	Missing organs (eye, kidney, testicle)?	
7.	_____	_____	Allergy to medications, insects, food?	
8.	_____	_____	Seasonal allergies (hay fever)?	
9.	_____	_____	Problems with heart, blood pressure, cholesterol?	
10.	_____	_____	Racing of your heart or skipped heart beats?	
11.	_____	_____	Chest pain with exercise?	
12.	_____	_____	Frequent headaches, convulsions, dizziness, fainting?	
13.	_____	_____	Dizziness or fainting with exercise?	
14.	_____	_____	Concussion, unconsciousness, extremity numbness?	
15.	_____	_____	Heat exhaustion, heat stroke, or other heat related problems?	
	<b>YES</b>	<b>NO</b>	<b>Further History:</b>	
29.	_____	_____	Is there a history of family or genetic disease?	
30.	_____	_____	Has any family member died suddenly at less than 40 years of age of causes	
31.	_____	_____	Has any family member had a heart attack at less than 55 years of age?	
32.	_____	_____	Are you uncomfortably short of breath after running ½ mile (2 times around	
33.	_____	_____	List all medications you are presently taking, including asthma inhalers, and	
			A.	
			B.	
			C.	
34.			What is the most and least you have weighed in the past year? Most _____ Least _____	
35.			Date of last known tetanus (lockjaw) shot: _____	

**FOR WOMEN ONLY**

1. How old were you when you had your first menstrual period? \_\_\_\_\_

2. In the past year, what is the longest time you have gone between menstrual periods? \_\_\_\_\_

Use this space to explain any of the above numbered YES answers or to provide additional information:

\_\_\_\_\_

**PHYSICAL EXAMINATION RECORD** To be completed by a licensed professional. *This evaluation is only to determine readiness for physical participation. It sh*

Cadet's Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Mouth & Teeth	_____	_____	_____
4. Neck	_____	_____	_____
5. Lymph Nodes	_____	_____	_____
6. Heart (Standing & Lying)	_____	_____	_____
7. Pulses (esp. femoral)	_____	_____	_____
8. Chest & Lungs	_____	_____	_____
9. Abdomen	_____	_____	_____
10. Skin	_____	_____	_____
11. Genitals – Hernia	_____	_____	_____
12. Musculoskeletal – ROM, Strength, etc. (See questions 20-27)	_____	_____	_____
13. Neurological	_____	_____	_____

Comments regarding abnormal findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICAL PARTICIPATION RECOMMENDATIONS:**

\_\_\_\_\_ FULL & UNLIMITED participation

\_\_\_\_\_ LIMITED participation - May NOT participate in the following:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ CLEARANCE PENDING: Documented follow up of \_\_\_\_\_

\_\_\_\_\_ NOT CLEARED FOR PHYSICAL PARTICIPATION

\_\_\_\_\_  
 Licensed Professional's Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Licensed Professional's Signature \_\_\_\_\_ Phone \_\_\_\_\_

Parents or Guardian's Permission and Release (Sign after the physical examination has been completed.)  
 I hereby give my consent for the above named cadet to engage in approved physical activities as a representative of his/her program, except those activities indicated above by the licensed professional. I also give my permission for the physician or other qualified personnel to give first aid treatment to my son or daughter in case of injury.

\_\_\_\_\_  
 Typed or printed Name of Parent or Guardian \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

\_\_\_\_\_  
 Address (Street/PO Box, City, State, Zip) \_\_\_\_\_ Phone Number \_\_\_\_\_

Dear Parents or Guardians:

The information requested below is needed in the case of an emergency. The consent on this form will be used only if we cannot contact you or to expedite medical attention. In all cases, you will be given a complete report as soon as possible by the supervising instructor. If you have any questions, please contact us.

CHIEF LARRY PHILLIPS

LIEUTENANT TROY MAPES

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Please print:

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer of Parent/Guardian \_\_\_\_\_

Address of Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

PERTINENT EXISTING PHYSICAL INFORMATION (diabetes, seizures, HX of head injury, unconsciousness and/or confusion): \_\_\_\_\_

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

PREVIOUS SERIOUS INJURIES (date and nature): \_\_\_\_\_

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

I give my authorization for the Waukeee Police Department staff to seek medical treatment for my son or daughter, in case of injury or illness which is incurred while participating in activities, if I cannot be reached to give my consent to emergency personnel.

Parent/Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Health Information Sheet**

Name of the Child: \_\_\_\_\_

Date of Birth of the Child: \_\_\_\_\_ Gender: \_\_\_\_\_

Does the child's current medical insurance have prescription coverage? \_\_\_\_\_

Name of insurance carrier: \_\_\_\_\_

Name of the card holder on the insurance: \_\_\_\_\_

Cardholder identification number/Medicaid number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Telephone number of the insurance company (Usually on the back of the insurance card):

\_\_\_\_\_

Please list all current medications and indicate what it prescribed for (over the counter or prescription): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For the safety of your child it is important for us to be aware of any and all health issues they may have.**



**HAIRCUT WAIVER (BOYS ONLY)**

DURING THE ACADEMY HAIRCUTS WILL BE OFFERED TO ANY CADET WISHING TO HAVE IT CUT. BEFORE WE WILL DO THIS WE REQUIRE PERMISSION FROM THE PARENT OR GUARDIAN.

1.  YES I HEREBY GIVE PERMISSION FOR MY SON'S HAIR TO BE CUT BY A MEMBER OF THE CHARACTER BUILDING ACADEMY IF HE CHOOSES TO DO SO.
  
2.  NO I DO NOT GIVE PERMISSION FOR MY SON'S HAIR TO BE CUT AT ANY TIME.

\_\_\_\_\_  
PARENT AND OR GUARDIAN

\_\_\_\_\_  
DATE

# REGISTRATION

\_\_\_\_\_ 8 a.m. to 1 p.m. June 4 thru June 15 – Men

\_\_\_\_\_ 9 a.m. to 2 p.m. June 18 thru June 29 - Women

## UNIFORM SIZE

Gender: F \_\_\_\_\_

M \_\_\_\_\_

### T-Shirt Size

S \_\_\_\_\_

M \_\_\_\_\_

L \_\_\_\_\_

XL \_\_\_\_\_

OTHER \_\_\_\_\_

### Pant Size

Women's Size \_\_\_\_\_

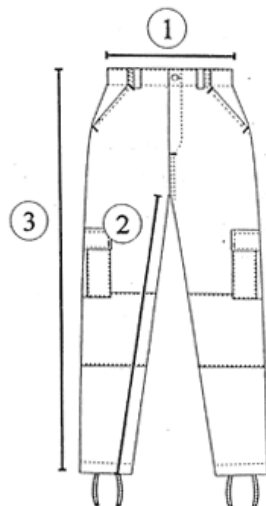
Men's Size \_\_\_\_\_

**(See attached sheet for sizes)**

**If your size is not on the  
sheet, write in the waist size  
and Inseam of pants.**

## PANT SIZE INFORMATION

Size	Waist	Inseam
Extra Small Regular	23 – 27	29 ½ - 32 ½
Small Short	27 – 31	26 ½ - 29 ½
Small Regular	27 – 31	29 ½ - 32 ½
Small Long	31 – 37	32 ½ - 35 ½
Medium Short	31 – 35	26 ½ - 29 ½
Medium Regular	31 – 35	29 ½ - 32 ½
Medium Long	31 – 35	32 ½ - 35 ½
Large Short	35 – 39	26 ½ - 29 ½
Large Regular	35 – 39	29 ½ - 32 ½
Large Long	35 – 39	32 ½ - 35 ½
Extra Large Regular	39 – 43	29 ½ - 32 ½
Extra Large Long	39 – 43	32 ½ - 35 ½
2X Large Regular	43 – 47	29 ½ - 32 ½
2X Large Long	43 – 47	32 ½ - 35 ½
3X Large Regular	47 – 51	29 ½ - 32 ½
3X Large Long	47 – 51	32 ½ - 35 ½



Pant measurement:

1. Waist
2. Inseam
3. Outseam