# **Weslaco Border Patrol Law Enforcement Explorer Competition**

 **Weslaco High School / Career Technology Education**

**October 21, 2017**

*Weslaco Border Patrol Explorer Post #964 welcomes* your post to compete in the **Weslaco Border Patrol** Law Enforcement Explorer Competition.

This year’s competition is being sponsored by the **Weslaco Border Patrol**, Weslaco Independent School District and Boy Scouts of America (Rio Grande Council). The competition is **Saturday, October 21, 2017** at Weslaco High school located at 1005 W. Pike Street Weslaco, TX 78596. The competition will begin with registration at 7:00 a.m. and run until 5:00 p.m. The awards banquet will start at 6:30 p.m. and be held at the school’s Gymnasium.

**REGISTRATION DEADLINE:**

Team registration forms **must** be received by September 25, 2017. All fees must be paid in full to Weslaco Explorer Post 964; *No partial payments please*. There are a maximum number of teams allowed, so get your entry in early. **Teams are not registered until fees are paid in full.**

**(ONLY 56 TEAMS)**

**CHECK-IN:**

Check-in will start at 7:00 am at the competition site on Saturday morning in the school cafeteria. Advisors will be given a packet containing a map of Weslaco High School for Inside/Outside scenarios.

**EVENTS/SCENARIOS:**

Information in the provided packets will inform advisors and teams of their scheduled event times. Events will be set up to last either 30 or 45 minutes. Each team should be set up and within the designated location 15 minutes prior to the event (Cafeteria). All team events will be role-play scenarios. Each team event will allot 5 minutes for instructions, scenario description and rules of the event. This is where team leaders should clarify instructions and request additional assistance, K-9 unit, ID unit or even required backup. There will be 5 minutes allocated for scoring and critique by the judges after completion of the event. Each team should be scheduled for a minimum of two events before lunch and two events after lunch

**SCENARIOS: A & B**

**Arrest And Search, Gang, Bomb Search, Robbery In Progress, Crime Scene, Hostage Negotiations, Domestic Disturbance, DWI, Officer Down, Unknown Call, Active Shooter, Felony Stop.**

**REGISTRATION FEES:**

***$200.00 will be as follows (4-Explorers plus 1-Advisor****).* All participants, advisors/Explorers will receive a T-shirt, **lunch and dinner. Money orders or post checks** are preferred and should be made payable to Weslaco Explorers. Additional observers (Advisors/Explorers) $30 per person.

**56 TEAMS (Max 3-Teams PER POST)**

**MEALS:**

**Lunch and dinner will be served**. (There will be a snack bar available).

**AWARDS:**

Trophies for 1st, 2nd and 3rd place will be awarded for **each scenario**. There will be 1st, 2nd, 3rd, place award for best **overall team**. The awards ceremony will commence after the dinner meal.

**UNIFORMS:**

Post uniforms are mandatory. Your post should be dressed in uniform manner and in post-required uniforms.

**REQUIRED EQUIPEMENT:**

Explorers are reminded to bring a standard handcuff case, handcuffs and a flashlight. Explorers may use anything that their post issues with the exception of any item listed below in the disqualifying reminder.

**DISQUALIFYING REMINDER:**

Explorers ***ARE NOT*** to bring any of the following items*: chemical devise (mace, tear gas and pepper spray), batons, guns or any weapon including facsimile of a weapon (Red and wooden guns may be used), or dud ammo. Anyone caught with any of the above listed items may cause their team and/or post to be disqualified.*  ***Discussion of any scenarios by team/post will result in a score of zero (0) for that scenario.***

**RULES OF ENGAGEMENT:**

During the scenario if an *Actor* or *Explorer* is faced with possible injury the word *“****PAIN”*** will stop the scenario. Once the situation has been resolved the scenario may continue or may stop depending on the circumstances. If the Explorer continues to use unnecessary roughness, the judge will stop the scenario and it will result in a disqualification to the team for that event.

**ADVISORS:**

Two representatives for a team (advisor/parent/non-competing explorer) may enter into the free area which will be available for observation, picture taking or videoing their teams. Any representative observed attempting to assist their team in any way, verbally or by any action, will result in having their team disqualified from that event. This is not fair to the team, as this will decrease the team’s chance for the overall trophies. Advisors are allowed to sit in on the critique but will not be permitted to ask questions of the judges*. No scores will be given out during the course of the day; do not ask the judges or the scorekeeper.*

**GRIEVANCES:**

If there happens to be a grievance, problem, complaint or question the advisor must bring it to the attention of the **Command Center**. An on-site committee will review the grievance, problem, complaint or question.

 **THE COMMITTEE’S DECISION IS FINAL.**

Well that is it. Bring your teams out to have a good time and try to take the awards home. There will be posts from all over Texas. Make your room reservations early. ***Do not forget to bring proper gear for the unexpected weather. The competition will go on regardless of the weather.***

**The competition will follow the NIMS guidelines for radio procedure.**

***GOOD LUCK!!***

**PARENT PERMISSION AND MEDICAL RELEASE FORM**

**(FOR EXPLORERS AND GUEST, UNDER 21 YEARS OF AGE, PARTICIPATING IN THE**

**WESLACO EXPLORER COMPETITION)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** has my permission to participate in the

(Explorer or Guest)

**WESLACO EXPLORER COMPETITION ON OCTOBER 21, 2017.**

I know of no health or fitness restrictions(s) that preclude his or her participation. In the event of illness or injury occurring to my son or daughter while involved in this activity, I consent to x- ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

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

List any and all allergies/medical problems and/or

Medications used by the above participant:

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

Parent’s Name Medications used by the

above participant:

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

Parent’s Signature/Participant

(over 18 years old)

Weslaco Explorer Competition October 21, 2017

Explorer / Advisor or Authorized Participant

I hereby acknowledge that I am the parent of the participant or the participant less than 21 years of age and/or legally living away from home on my own; and that said individual has my permission to participate/attend the 2017 Weslaco Explorer Law Enforcement competition being held at 1005 W. Pike Blvd, Weslaco High School Weslaco, TX 78596. I understand that this is an official Boy Scouts of America Law Enforcement Explorer Event.

I understand and agree in giving my permission that the (Weslaco Independent School District), Boy Scouts Of America, T.L.E.E.A.A and their officers or representatives will not be liable or responsible for property damage or personal injuries of any kind which may occur during said activity, and I hereby release and forever discharge the (Weslaco Independent School District) Boy Scouts Of America, T.L.E.E.A.A, LFL/BSA and their officers or representatives from all damages, personal injuries, claim demands and suits.

I, the undersigned, have read and understand the above stated waiver and release agreement.

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

Participant’s Printed Name Signature of Parent or

 Participant living on their own

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

Post # and Agency Date

In the event my representative or I cannot be reached in an emergency, I hereby give my permission to the Doctor, selected by the adult leader in charge of the competition, to hospitalize, secure proper anesthesia, or to order injection for my son/daughter.

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

Signature of Parent/Guardian Emergency contact phone number

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

 Date

# 2017 Weslaco Border Patrol Explorer Competition

 Weslaco High School / Career Technology Education

## Post Registration Information

**Entry Deadline September 25, 2017**

 **56 Explorer Post (3-Teams PER POST)**

**Agency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisor’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Teams: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_X $200=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(maximum 3 teams per post)**

Additional Explorers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X $30 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Advisors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X $30 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount Enclosed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make checks out to**: Weslaco *Explorers*

**Shirt Information:**

\_\_\_\_\_\_\_\_\_Small \_\_\_\_\_\_\_\_\_\_\_\_X-Large

\_\_\_\_\_\_\_\_\_Medium \_\_\_\_\_\_\_\_\_\_\_\_XX Large

\_\_\_\_\_\_\_\_\_Large

**Mail registration to:**

**Email to: robert.silva@cbp.dhs.gov**

Weslaco BP Station

1501 E. Expressway 83

Weslaco, TX 78596

**(ANY QUESTIONS)**

**Bobby Silva**

**Ofc # 956-647-8910**

**Cell # 956-206-5717**

**OUTSIDE SCENARIOS**

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