

# **Junior Deputy Academy Application**

Junior Deputy's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Shirt Size \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency / Alternative Contacts

1. Name \_\_\_\_\_ Relation \_\_\_\_\_ #(\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_ #(\_\_\_\_) \_\_\_\_\_

Medical / Other Considerations

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**CERTIFICATIONS AND RELEASE OF LIABILITY:**

I, the undersigned, certify that my child is between the age of 11 and 15 years. I understand that falsification of any information on this form may disqualify my child from the program.

In consideration for the acceptance of my child's registration in the Junior Deputy Academy, I hereby release the Chilton County Sheriff's Office, and their agents, employees, officers, and servants from ANY and ALL damages and injuries, which may occur while my child participates in Academy activities. I certify that I have the legal authority to execute this release on behalf of my child.

**PERMISSION TO ATTEND:**

By signing this document, I acknowledge that I have given my authorization for my child to attend the Junior Deputy Academy and to travel to designated locations administered by the Chilton County Sheriff's Office for completion of the day's activities.

**PERMISSION TO PHOTOGRAPH:**

As part of the Junior Deputy Academy, photos of children involved in the multitude of activities, along with a group photo may be taken and placed in local newspaper(s). There also may be media coverage of the Academy as well as video to be used by the Chilton County Sheriff's Office. I authorize the photography of my child for these purposes.

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**