** SHERIFF JOHN SHEARON **

**CHILTON COUNTY**

**SHERIFF’S OFFICE**

**Application for the Chilton County Sheriff’s Office**

 **Junior Deputy’s Academy**

**June 20-24, 2016**

***Ages 8 - 15***

***(Please Print Legibly)***

**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, AL Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Grade Completed: \_\_\_\_\_\_\_\_ has the child ever attended this academy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, AL Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: (\_\_\_\_\_\_)-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: (\_\_\_\_\_\_)-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contacts**

1. **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (\_\_\_\_\_\_)-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (\_\_\_\_\_\_)-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_**

**(PLEASE LIST ANY AND ALL ALLERGIES AND MEDICATIONS WITH DOSAGE AMOUNT AND TIMES)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T-Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Indicate adult or youth size)**

***The cost of the Jr. Academy is $10.00***

***Reverse side is also required for registration***

**Chilton County Sheriff’s Office**

**Certifications and Release of Liability**

**I, the undersigned parent or legal guardian, certify that my child is at least eight (8) and not over fifteen (15) years old. I understand that falsification of any information on this form may disqualify my child from the program.**

**RELEASE OF LIABILITY:**

**I, the undersigned, certify that I have the legal authority to execute this release on behalf of my child, named below.**

**In consideration for the acceptance of my child’s registration in the JUNIOR DEPUTY ACADEMY PROGRAM, I, the undersigned, binding my heirs, executors, administrators, and assigns, do hereby release and agree not to hold liable, the County of Chilton, its elected officials, officers, agents, and employees from any all action, claim, demand, or damage arising from or resulting from property damage, personal injuries or death sustained by my child or my property while my child participates in the Chilton County Sheriff’s Office Junior Academy Program. I further agree, binding my heirs, executors, administrators, and assign, to indemnify, hold and save harmless, Chilton County, its elected officials, agents, officers and employees from any liability, actions, claims, damages, awards or judgments incurred or suffered by the County or individuals as a result of any act or omission by my child, or caused in part by a person indemnified hereunder. \_\_\_\_\_\_\_\_ *(Initials)***

**I assume complete and full responsibility for any injury that may occur to my child and/or intentionally caused by my child. In case of accident or illness, the adult in charge, at his/her discretion has my permission to take my child to a physician and/or hospital. I fully understand that I will be liable for all cost incurred. \_\_\_\_\_\_\_\_ *(Initials)***

**CHILTON COUNTY COURTHOUSE/JAIL TOUR RELEASE OF LIABILITY:**

**I, the undersigned, grant permission for my child to participate in the Chilton County courthouse/jail tour. I certify that I will not hold the County of Chilton or Chilton County Sheriff’s Office, any of its elected officials, officers, agents and employees, legally or financially responsible for any injuries or accidents that occur during the scheduled tour. \_\_\_\_\_\_ *(Initials)***

**PERMISSION TO ATTEND:**

**By signing this document I acknowledge that I have given my authorization for my child to attend the Junior Deputy Academy Program and to travel to different sites in Chilton County. \_\_\_\_\_ *(Initials)***

**PERMISSION TO PHOTOGRAPH:**

**As part of the Junior Deputy Academy Program, a group photo of children will be taken to be placed in the local newspaper. There may also be media coverage of the academy as well as video to be used by the Sheriff’s Office. I authorize the photography of my child for this purpose. \_\_\_\_\_\_ *(Initials)***

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_**

**Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_**

***(Please return this form by June 13, 2016 to the Sheriff’s Office at 500 2nd Ave N Clanton, AL 35045***

***If you have any questions please feel free to call 205-755-4698)***