## Junior Deputy Program Membership Application
### Youth Office Phone 337-491-3621
***Return completed Form on 1st day of program and or fax to the attention of
CPSO Youth Division 337-436-3199***

### ***PLEASE PRINT LEGIBLY***

Last:_____First: _____Middle:_____

Address: _____ City:_____

State:_____Zip:_____Parent Cell Phone: _____Age:_____Date of Birth: _____

School: _____Grade:_____ Race: _____ (Circle One) Male / Female

Shirt Size:_____ **Hunters Education**: (  ) yes (  ) no   **Child has to be 10 yrs old or older by date of class!!!!**

Name of Parent or Guardian (Print):_____Relationship:_____

**Medical Conditions:** _____

**Emergency/Alternative Contact:**

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

### Certifications and Release of Liability:

I, the undersigned, certify that my child is at least eight (8) years old. 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 Program, I hereby release Calcasieu Parish Sheriff's Office, the Calcasieu Parish School Board and their agents, employees, officers and servants from ANY and ALL damages and injuries, which may occur while my child is in the Junior Deputy Program. I certify that I have the legal authority to execute this release on behalf of my child.

By signing this document, I acknowledge that I have given my authorization for my child to attend the Junior Deputy Program and travel to the Juvenile Detention Center, Calcasieu Correctional Center and or the Calcasieu Parish Regional Law Enforcement Training Academy on field trips as described. I also understand that said minor will be subject to rules of safety and discipline as set forth by the Deputies of the Calcasieu Parish Sheriff's Office.

As part of the Junior Deputy Program, a group photo of the children will be taken. There may also be media coverage of the program as well as video to be used by the Sheriff's Office. I authorize the photography of my child for this purpose.

_____     _____     _____
Child's Name                                            Parent/Guardian Signature                                    Date