

Application for the Comal County Sheriff's Office Junior Deputy's Academy

Applicant's Name: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Age: _____

Highest Grade Completed: _____

School: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: (____) _____ - _____

Work Number: (____) _____ - _____

Emergency Contacts

Name: _____

Address: _____

Relationship: _____ Best contact Phone: (____) _____ - _____

Name: _____

Address: _____

Relationship: _____ Best contact Phone: (____) _____ - _____

Indication of which camp your child will plan to attend: 1st Class: ___ 2nd Class: ___ 3rd Class: ___

For each camp to be held there has to be a minimum of 45-50 applicants for each class.

T-Shirt Size: _____ (in adult sizes)

*Please do not return this form to the school office. It **must** be returned to Comal County Sheriff's Office to the attention of Sgt. Cardenas 3005 W. San Antonio St. New Braunfels, Texas 78130.*

Comal County Sheriff's Office Certifications and Release of Liability

I, the undersigned parent or legal guardian, certify that my child is at least nine (9) years old. I understand that falsification of any information on this form may disqualify my child from the program.

RELEASE OF LIABILITY & INDEMNITY:

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 Comal, 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 Comal County Sheriff's Office Junior Deputy Academy Program. I further agree, binding my heirs, executors, administrators and assign, to indemnify, hold and save harmless, Comal 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. _____Initial

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. _____Initial

COMAL COUNTY JAIL TOUR RELEASE OF LIABILITY:

I, the undersigned, grant permission for my child to participate in the Comal County Jail tour.

I certify that I will not hold the County of Comal or Comal 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. _____Initial

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 travel to New Braunfels, Texas to tour the Comal County Sheriff's Office. _____Initial

PERMISSION TO PHOTOGRAPH:

As part of the Junior Deputy Academy Program, a group photo of children will be taken to be placed in local newspapers. 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. _____Initial

Child's Name: _____

Printed Name of Parent or Guardian: _____

Parent or Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____