



JUNIOR DEPUTY ACADEMY

Bastrop County Sheriff's Office is inviting the youth in our county to participate in an opportunity to experience the Sheriff's office firsthand. The **Junior Deputy Academy is FREE to students within our county**. Students will learn the basic functions of a working Sheriff's Office. Students will attend classes and engage in practical applications with topics that may include Texas law, patrol procedures, traffic enforcement, and many other areas of law enforcement.

The Bastrop County Sheriff's Office is now accepting applications for the Junior Deputy Academy.

**This year, we will host an academy for 7 - 13 year olds
Monday, June 10th, 2024 - Friday, June 14th, 2024
8:00am - 2:00pm**

The deadline to register is May 24th, 2024.

Students will have breaks throughout the day, as needed. The application will include a medical release, and parental consent forms. Academy rules are expected to be followed at all times. Failing to comply with outlined behavior expectations will be cause for removal from the program. We will provide breakfast, lunch, and an afternoon snack. Friday, June 14th, 2024, we will have waterslides and snowcones. Please send child with appropriate clothing on this day.

Space will be limited, we will be accepting 20 students this year.

Please fill out the application at
<https://www.co.bastrop.tx.us/page/lec.sheriff>

Send completed form to SOEvents@co.bastrop.tx.us



APPLICATION

<u>Student's Full Name:</u>		
<u>Gender:</u>	M	F
<u>Age:</u>		
<u>Student's Address:</u>		
<u>Parent's Name:</u>		
<u>Parent's Contact Number & Email Address:</u>		
<u>Parent's Address:</u>		
<u>Emergency Contact & Number:</u>		
<u>Last School Attended:</u>		<u>Last Grade Completed:</u>
<u>How will your child get to and from the Junior Police Academy?</u>		
<u>Who will be authorized to pick up your child?</u>		
<u>T-Shirt Size:</u>		
Adult Large	Adult Medium	Adult Small
Youth Large	Youth Medium	Youth Small



RULES OF CONDUCT

- Students will be expected to maintain a mature and respectful attitude towards classmates and instructors.
- Students will adhere to a strict “no touch” policy, much like those of school rules.
- Students are expected to keep up with their personal belongings and should limit what they bring to class (notebooks, lunches, etc.)
- Students may bring Cell phones and/or tablets but these items will not be allowed while class is in session.
- If possible, girls should refrain from bringing purses to class.
- Students will be expected to participate in all class activities (unless student is unable. Instructors should be given notice of student’s physical limitations prior to the start of the academy).

Rules of behavior are strict, to ensure the safety of all participants. We wish for the academy to be a fun and enjoyable experience for all who attend.

Violations of the rules of behavior may result in removal from the class for the day. Subsequent violations may result in expulsion from the academy.

Parent/Guardian: _____ **Date:** _____

Academy Coordinator: _____ **Date:** _____



MEDICAL INFORMATION

<u>Name of Applicant:</u>
<u>Please list any medical conditions the applicant has (including any FOOD allergies):</u>
<u>Applicant's Dr. & Contact Number:</u>
<u>Dr.'s Address:</u>
If we see the need to take your child for emergency care, what facility and address are you recommending?

NOTE: All medical emergencies will be treated as such and will be attended to by the Bastrop County Sheriff's Office deemed necessary by academy personnel, instructors, or coordinators.



PARENTAL RELEASE

I, _____, give permission for my child to participate in the Bastrop County Sheriff's Office Junior Deputy Academy being held on _____. I understand that my son / daughter will be attending classes supervised by Bastrop County Sheriff's Office Personnel. I also understand that the supervised classes will consist of both Educational and Practical application material. I have read the rules of conduct and dress code and understand that both must be adhered to.

I hereby give consent for:

- Initials _____ 1. My child to participate in field trips.
- Initials _____ 2. I give consent for my child to participate in water activities.
- Initials _____ 3. I give consent for Bastrop County Sheriff's Office to apply bug spray /sunscreen to my child if needed.
- Initials _____ 4. I authorize consent for my child to be photographed and or video documentation to be taken of my child. Photographs, videos, and interviews may be used to promote or further the Bastrop County Sheriff's Office Junior Deputy Academy and may be used in the media.
- Initials _____ 5. I give consent for my child to be transported and supervised by Bastrop County Sheriff's Office members or their designated individuals (see waiver below for full details).

Student Signature: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Academy Coordinator: _____ **Date:** _____



RELEASE OF LIABILITY WAIVER

I, _____, hereby authorize my son/daughter to participate in the Bastrop County Sheriff's Office Junior Deputy Academy. The camp will take place on _____.

I, _____, also give my permission for my son/daughter to be transported to and from scheduled and specified field trips by the following modes of transportation: 1) BISD transportation, or 2) Gold Star Transportation.

I, _____, fully understand and my son/daughter fully understands that participation and transportation during the Bastrop County Sheriff's Office Junior Deputy Academy could result in bodily injury, serious bodily injury, illness, or death. Although I fully appreciate these risks, I desire my child to participate in the Bastrop County Sheriff's Office Junior Deputy Academy without regard of the consequences.

I, _____, the undersigned, assume full and complete responsibility for any accident, injury, or illness and or activity that may occur to my child as a result of their participation. I agree to and hereby release, hold harmless, and waive all claims that I, or my child may have against the Bastrop County Sheriff's Office, County of Bastrop, Bastrop I.S.D., Bastrop I.S.D. Police Department or Gold Star Transportation, any of its employees, agents, sponsors, representatives, or volunteers from all legal injury, illness or death and or activities arising from or connected in any manner to my child's participation in the Bastrop County Sheriff's Office Junior Deputy Academy, including but not limited to liability, damages, legal fees and or costs caused by or related to the negligence or the intentional act of the Bastrop County Sheriff's Office, County of Bastrop, Bastrop I.S.D., Bastrop I.S.D. Police Department, Gold Star Transportation.

anyone of its employees, agents, sponsors, representatives, or volunteers in whole or in part. This release shall be binding on my heirs, legatees, administrators, and assigns.

Student Signature: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Academy Coordinator: _____ **Date:** _____



Emergency Contact Information

1. Parent / Legal Guardian #1:

Full Name: _____

Address: _____

Phone Number: _____

Alternate phone number: _____

Authorized pick-up and drop off? _____

2. Parent / Legal Guardian #2:

Full Name: _____

Address: _____

Phone Number: _____

Alternate phone number: _____

Authorized pick-up and drop off? _____

3. Emergency Contact:

Full Name: _____

Address: _____

Phone Number: _____

Alternate phone number: _____

Authorized pick-up and drop off? _____

4. Emergency Contact:

Full Name: _____

Address: _____

Phone Number: _____

Alternate phone number: _____

Authorized pick-up and drop off? _____