

JUNIOR DEPUTY ACADEMY

Junior Deputy Cadet Information

First Name: _____ Last Name: _____ Birthdate: _____

School: _____ Grade: _____ Age: _____ MALE / FEMALE

Address: _____

Shirt Size: EXTRA SMALL / SMALL / MEDIUM / LARGE / EXTRA LARGE

Parent/Guardian Information

Parent/Guardian Name: _____ Phone: _____

Address: _____

Email: _____

Emergency Contact Information

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Medical Information

Primary Physician: _____ Phone: _____

Allergies, or Medical Considerations: _____

Liability Waiver

I, _____, the undersigned parent/guardian of the child listed above hereby agree for the child to participate in the Lee County Sheriff's Junior Deputy Academy. I understand that all necessary precautions will be in place to keep the child safe while in the care, custody, and control of the employees of the Lee County Sheriff. I hereby grant permission for Lee County Sheriff's employees to provide first-aid to and seek medical treatment for my child in the event of a medical emergency. I further agree to hold harmless the County of Lee, Lee County Sheriff, and his employees from any civil liability.

Applications may be:

Mailed: Lee County Sheriff's Office, Attn: Sheriff, P.O. Box 98, Giddings, Texas 78942
Delivered: Lee County Sheriff's Office, Attn: Sheriff, 2122 FM 448, Giddings, Texas 78942
Emailed: sheriff@co.lee.tx.us

Please Note: No fee is due with this application at this time. A \$30 fee will be due if your child is accepted.