

2022 SHERIFF'S YOUTH ACADEMY APPLICATION

- STUDENT -

Last Name		First Name	
	/	/	
	Date of Birth	(month/day,	/year)
	/	/	
	Age	Race	Sex
Address			
City		State	Zip
Home Phor	ne	Cell Phone	
Email			
EIIIdii			
Student's S	ignature		
	.8		
-	- PRIMARY GL	JARDIAN –	
Name			
Address			
City		State	7in
City		State	Zip
Home Phor		Cell Phone	
Email			
Parent/Gua	ardian's signature		
Comments	s:		

– EDUC	CATION –		
Grade School			
– SPECIAL NEEDS (Medical, Diet, Etc.) –			
– EMERGENCY CONTACT –			
Name			
Address			
City	State Zip		
Home Phone	Cell Phone		
- PICK UP (Those aut			
- SHIRT SIZE: Child Size: □ SM	Check one size – □ MED □ LG □ XL		
Adult Size: ☐ SM			
☐ Returning Cadet	☐ First-Time Cadet		
☐ I am submitting a \$2 "Fraternal Order of Pol			
☐ I am also including a to support others no	· · · · · · · · · · · · · · · · · · ·		
☐ I am requesting Tuiti for my student(s)	on Assistance		
Ques Email: GaryHoward911 Call: C.C. Sheriff's O			

Name of Minor Child	School	Grade

AUTHORIZATION FOR MEDICAL TREATMENT

I, the parent or guardian of undersigned minor, do not know of any medical condition that would prevent my child from participating in the Sheriff's Youth Academy. I understand that it is a "hands on" program.

I do hereby authorize a member of the Cumberland County Sheriff's Department, as agent(s) for the undersigned to consent to X-Ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care to be under the general supervision and upon the advice of a physician or surgeon, or to consent to an X-Ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to the undersigned minor by a dentist.

I understand that this is being signed in case of an emergency situation where medical treatment is needed and the authorized parent cannot be contacted with normal procedures. I understand that under most circumstances a parent or guardian will be contacted to handle all medical issues.

This authorization shall remain in effect until the above mentioned cadet becomes inactive in the Cumberland County Sheriff's Department Law Enforcement Program, unless sooner revoked by written notice of termination delivered to said agents.

conditions that we need to be made aware of (including food allergies).		

Please list any allergies or medical

REQUEST FOR PARTICIPATION AND WAIVER OF LIABILITY

I, the parent or guardian of undersigned minor, hereby request that he/she be allowed to participate in the Sheriff's Youth Academy which may result in my child riding in a Cumberland County Sheriff's Department vehicle. I make this request with full knowledge that law enforcement is an inherently dangerous activity, and that I am exposing my child to the risk of serious bodily harm, including but not limited to the risk of injuries resulting from the operation and use of said Sheriff's Department vehicle, and at the risk of injuries inherent in participating, even as an observer, in law enforcement activities.

In consideration for being allowed to participate in the Sheriff's Youth Academy, as requested, and with full knowledge and appreciation of the risks involved, I voluntarily agree to, and do hereby assume all risks of physical harm in connection with this request. I further agree not to bring any claim or suit with respect to any injuries my child may sustain against the State of Tennessee, the County of Cumberland, the Cumberland County Sheriff's Department, or any of their officers, deputies, employees, or any other entity involved in any way with the program and I agree to hold them harmless from and indemnify them for any and all claims, demands, suits and liability which might possibly arise out of my participation in this program as requested herein.

I certify that I have read this request and waiver of liability before signing it and I fully understand its contents.

PICKUP AUTHORIZATION			

STANDARD PHOTO RELEASE FORM FOR MINOR CHILDREN

Il hereby authorize the Cumberland County Sheriff's Office to publish photographs taken of me and/or the undersigned minor children, and our names, for use the Cumberland County Sheriff's Office and Cumberland Neighborhood Watch, Inc. printed publications, websites and other promotional areas.

I release the Cumberland County Sheriff's Office and Cumberland Neighborhood Watch, Inc. from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Cumberland County Sheriff's Office and Cumberland Neighborhood Watch, Inc. to use their photographs and names. I acknowledge that since participation in publications and websites produced by the Cumberland County Sheriff's Office and Cumberland Neighborhood Watch, Inc. confers no rights of ownership whatsoever. I release the Cumberland County Sheriff's Office and Cumberland Neighborhood Watch, Inc., its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Emergency Contact Info
Name
Phone
Phone

Parent/Guardian Signature	Date