

# 2022 Junior Deputy Academy Application

## Parent/Guardian Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>		
Email	<input type="text"/>		
Home	<input type="text"/>	Work	<input type="text"/>
Cell	<input type="text"/>		

## Emergency/Alternative Contact

Name	<input type="text"/>	Relation	<input type="text"/>	Phone	<input type="text"/>
Name	<input type="text"/>	Relation	<input type="text"/>	Phone	<input type="text"/>

## Child Information

CHILD #1

Child #1 First Name	<input type="text"/>	Child #1 Last Name	<input type="text"/>
Sex	<input type="checkbox"/>	Age	<input type="text"/>
Date of Birth	<input type="text"/>	/	<input type="text"/>
School	<input type="text"/>	Grade	<input type="text"/>
T-Shirt Size	<input type="checkbox"/>	Youth	<input type="checkbox"/>
Adult	<input type="checkbox"/>	X-Small	<input type="checkbox"/>
Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>	X-Large	<input type="checkbox"/>
Special Needs/Allergies	<input type="text"/>		

CHILD #2

Child #2 First Name	<input type="text"/>	Child #2 Last Name	<input type="text"/>
Sex	<input type="checkbox"/>	Age	<input type="text"/>
Date of Birth	<input type="text"/>	/	<input type="text"/>
School	<input type="text"/>	Grade	<input type="text"/>
T-Shirt Size	<input type="checkbox"/>	Youth	<input type="checkbox"/>
Adult	<input type="checkbox"/>	X-Small	<input type="checkbox"/>
Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>	X-Large	<input type="checkbox"/>
Special Needs/Allergies	<input type="text"/>		

I, the undersigned, certify that my child is at least 9 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 PORTAGE COUNTY SHERIFF'S OFFICE, their agents, employees, officers, from ANY and ALL damages and injuries which may occur while my child is in the Junior Deputy Academy Program, including transportation. I certify that I have the legal authority to execute the release on behalf of my child.

### 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 to travel to local facilities as described.

### Permission to Photograph

As part of the Junior Deputy Academy, photos of the children will be taken and placed on social media and local news media. 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.

Parent/Guardian Signature

Child Name(s)

Date

When completed, submit your application by  
uploading it to the online portal at [PortageSheriff.com](http://PortageSheriff.com)