



# Calcasieu Parish Sheriff's Office

TONY MANCUSO, SHERIFF AND EX-OFFICIO TAX COLLECTOR

Parish of Calcasieu • 5400 E. Broad Street • Lake Charles, LA 70615  
Phone (337) 491-3700 • Fax (337) 494-4522

## Junior Deputy Program Membership Application

**Youth Office Phone 337-936-1746**

**\*\*Return completed Form on 1<sup>st</sup> day of program and or fax to the attention of  
CPSO Youth Division 3374778706-\*\***

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ (Circle One) Male / Female

Shirt Size: \_\_\_\_\_ **Medical Conditions:** \_\_\_\_\_

Name of Parent or Guardian (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Emergency/Alternative Contacts:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Certifications and Release of Liability:**

I, the undersigned, certify that my child is at least eleven (11) 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 Calcasieu Parish Sheriff's Office, the Calcasieu Parish School Board and their agents, employees, officers and servants from ANY and ALL damages and injuries, which may occur while my child is in the Junior Deputy Program. I certify that I have the legal authority to execute this release on behalf of my child.

By signing this document, I acknowledge that I have given my authorization for my child to attend the Junior Deputy Program and travel to the Juvenile Detention Center and Calcasieu Correctional Center on field trips as described. I also understand that said minor will be subject to rules of safety and discipline as set forth by the Deputies of the Calcasieu Parish Sheriff's Office.

As part of the Junior Deputy Program, a group photo of the children will be taken. There may also be media coverage of the program as well as video to be used by the Sheriff's Office. I authorize the photography of my child for this purpose.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date