

Iron County Sheriff's Office  
Junior Deputy Academy

Application Packet



*Mark O. Gower, Sheriff*

All application forms must be filled out completely and returned to the Iron County Sheriff's Office at 2132 N Main Street in Cedar City, **no later than June 1, 2016**. Please call 435-867-7504 for more information.

**CLASS WILL BE HELD FOR 2016: June 6– 24. Class runs M-F 8am – 5pm**

**Iron County Sheriff's Office  
Junior Deputy Academy**

**Application**

**(Please PRINT – Make sure the application is completed in full)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_/\_\_\_/\_\_\_\_ **SSN:** \_\_\_\_-\_\_\_\_-\_\_\_\_\_

**SEX:** Male \_\_\_\_\_ Female \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

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



**Iron County Sheriff's Office  
Junior Deputy Academy  
Participation Waiver**

\_\_\_\_\_  
**Applicant's Full Name**

\_\_\_\_\_  
**Grade Completing in May & School**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Date of Birth**

**Sex:**    M    F

\_\_\_\_\_  
**Parent/Legal Guardian Name**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Work Phone**

\_\_\_\_\_  
**Emergency Contact Person**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Insurance Carrier**

\_\_\_\_\_  
**Policy Number**

**Purpose:** Your child has applied for acceptance in the Iron County Sheriff's Office Junior Deputy Academy. The Junior Deputy Academy seeks to encourage youth who display an interest in law enforcement through exposure to realistic training offered by certified law enforcement officers. Personal responsibility, physical fitness, and career counseling are stressed through a curriculum offered that stresses personal pride with military bearing. This waiver is to give permission for your child to enroll into the three-week program. This form also enables you to authorize the provision of emergency treatment for your child in the event of an accident, while under the authority of the Iron County Sheriff's Office and the County of Iron in the event parents or guardians cannot be reached.

This is to acknowledge that we, the undersigned parent(s) or legal guardians of \_\_\_\_\_ (applicant) give permission for my (our) child to participate in the program. In the event of such injury to my child and we (I or my spouse or guardian) can not be contacted, give permission to a qualified and licensed physician to render such treatment as would be normal and agree to pay the usual charges for such treatment.

We (I) release the Iron County Sheriff's Office and Iron County, it's employees, agent, volunteers and it's assigns from any personal injuries or damages caused by or having relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. This release form is compiled and signed of my own free will and with full knowledge of its significance. I have read, or have had read to me, this release and understand all if its terms.

**This form will need to be notarized. (We can do this at the Sheriff's Office)**

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

\_\_\_\_\_  
Date



Iron County Sheriff's Office  
Junior Deputy Academy

Medical Screening Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Physical Fitness Training Curriculum:

During the three weeks of training the sets of exercises may be repeated if not done to the instructor's satisfaction, or the proper level of motivation is not displayed. All Cadets will be required to engage in warm up exercises and stretching exercises ten (10) to fifteen (15) minutes prior to actual sets of building exercises. All exercises below are subjective based on overall class fitness and instructor discretion. All defensive tactics drills will be overseen by a certified defensive tactics instructor.

Exercises

Wind sprints

1 to 3 mile runs

Push ups

Sit ups

Defensive Tactics Drills

Joint Locks

Handcuffing

Sparring (Safety Equipment Provided)

Wrestling



MEDICAL SREENING FORM – PAGE 2

A medical screening will be required in order to participate.

I, THE UNDERSIGNED, DO HEREBY AFFIRM THAT ON THE DATE STATED BELOW, A PHYSICAL EXAMINATION OF THE APPLICANT NAMED IN THIS MEDICAL SCREEING FORM, WAS COMPLETED. FURTHER, IT IS MY MEDICAL OPINION THAT THE EXAMINEE IS PHYSCIALLY ABLE TO PARTICIPATE IN THE EXERCISE ACTIVITIES LISTED IN PAGE 1 OF THE MEDICAL SCREENING FORM.

\_\_\_\_\_  
Printed Name of Attending Physician

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Attending Physician

