

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. Please call 435-867-7504 for more information.

CLASS WILL BE HELD FOR 2017: June 12– 30. Class runs M-F 8am – 4pm

**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: _____

Applicant's Signature

Parent/Guardian Signature

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

Applicant's Full Name

Grade Completing in May '11 & 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 Department 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 Dept.)

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 SCREENING 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 SCREENING FORM, WAS COMPLETED. FURTHER, IT IS MY MEDICAL OPINION THAT THE EXAMINEE IS PHYSICALLY 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