

Youth Firearms Education Camp

(Children 10 – 13 years old)

15639 Hwy 1 South

Shreveport, Louisiana 71115

(318) 681-0735



Caddo Parish Sheriff's Office

Keeping Kids Safe

2018

- ✓ Please provide your child a non-perishable lunch, **LUNCH IS NOT PROVIDED.**
- ✓ **ALL FORMS MUST BE MAILED** to CPSO Regional Training Academy, 15639 Hwy 1 South, Shreveport, LA 71115, Attention Summer Gun Camp by the **deadline, July 9, 2018.** The registration process will only begin upon receipt of a completed registration form and the registration of your child is complete only when you receive a telephone call confirming his or her registration.
- ✓ Camp participants are expected to dress appropriately – absolutely **NO SHORTS, NO SANDALS** and **NO OPEN TOE SHOES** are allowed at the camp.
- ✓ Transportation will be provided each day (*Monday – Friday*), to the Caddo Parish Regional Training Academy from the Caddo Correctional Center, 1101 Forum Drive. Participants are required to arrive no later than 7:30 a.m. each morning and must be picked-up by 5:00 p.m. each evening.

_____ YES, Please provide transportation for my child from Caddo Correctional Center. Drop off time is 7:30 a.m. and Pick up is 5:00 p.m.

_____ NO, I will provide transportation for my child to and from the Caddo Parish Regional Training Academy.

Name of Applicant _____
Last First M/I

Date of Birth ____/____/____ Age _____ T-shirt Size _____

Participation date selection _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.
(select 1st & 2nd preference) **July 16** **July 17** **July 18** **July 19** **July 20**

Address _____

City/State/Zip _____

Home Phone _____

Parent/Guardian _____

Employer _____

Daytime Phone _____ ext. _____ Cell Phone _____

Family Physician _____ Office Phone _____

Does your child have allergies? Yes _____ No _____ If yes, please list below:

Current medications and dosages _____

Emergency contacts other than parents (at least three):

| | |
|------|-------|
| Name | Phone |
| Name | Phone |
| Name | Phone |



FLIP for **HOLD HARMLESS AGREEMENT & EMERGENCY MEDICAL TREATMENT**

HOLD HARMLESS AGREEMENT

We/ I, the sole _____, parents, legal guardians of the minor child _____, acknowledge this is a binding document and do hereby agree to assume full responsibility for our/my child, and do agree to indemnify, forever defend and hold harmless Caddo Parish Sheriff Steve Prator, Caddo Parish Sheriff's Office, and all their respective officers, deputies, agents, servants and employees or anyone acting on their behalf from any and all such claims, expenses, damages, harm or destruction suffered or accrued by our/my child, including death, arising out of the activities for which our/my child is a participant or observer while on the premises and/or using any part of the training area of the Sheriff's gun safety camp entitled Youth Firearms Education Camp. Among the claims being released are all our/my child's, heirs, executors, parent's, legal guardian's, administrators, and/or signer's claims of negligence, gross negligence, strict liability, demands, rights or causes of action, present or future, even if said claims, expenses, damages, harm or destruction are due partially or wholly from the negligence or gross negligence of the Caddo Sheriff's Office, Caddo Parish Sheriff, and all their respective officers, deputies, directors, agents, servants, and employees or anyone acting on their behalf. Should the Caddo Sheriff's Office and/or anyone acting on their behalf be required to incur attorney's fees and costs to enforce the agreement, We/I, as parents/legal guardians, agree to defend, indemnify and hold them harmless for such fees and costs.

We/I, the sole _____, parents, legal guardians of the minor child _____, moreover acknowledge with **our/my initials** below that We/I have reiterated the following with our/my child.

- _____ a. The purpose of this camp is to train children on firearm safety for their first firearm.
- _____ b. Student is advised to follow all safety instructions given and is aware of the risks and hazards inherent to participating in such a course involving the manipulation of firearms and ammunition. **Failure to follow safety instructions my result in the student's dismissal from camp.**
- _____ c. Student is to treat all firearms as if they are loaded.
- _____ d. Student should never point their weapon at anyone.
- _____ e. Student should never put their finger on the trigger unless they are instructed and/or ready to fire.

Please Print (Child's Name)

Child's Signature

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, if the parents/guardian or the emergency contacts named on the front of this form cannot be reached, the Caddo Parish Sheriff Office, Steve Prator, or his designee has my permission to transport my child _____ to the nearest facility (Willis Knighton – Pierremont) for treatment.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

INTERNET / PHOTOGRAPH / INFORMATION WAIVER

The Caddo Parish Sheriff's Office operates a web site/page on the internet. The purpose of this page is to keep the citizens of Caddo Parish informed of public safety and positive feedback with images promoting community participation in locally offered camps and programs. Your signature below grants CPSO permission for your child's photographs, name, and work to be published on the internet and/or in any electronic form.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date