

Caddo Parish Sheriff's Office
Youth Firearms Safety Education Camp
(Children 10 – 13 years old)
15639 Hwy 1 South
Shreveport, Louisiana 71115
(318) 681-0735

2025

- ✓ Please provide your child with 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 Youth Firearms Safety Education Camp by the **deadline, October 2, 2025.** 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 – **MUST COME DRESSED IN PANTS AND CLOSED TOE SHOES.**
- ✓ Transportation will be provided each day, 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 4:30 p.m.

_____ NO, I will provide transportation for my child to and from the Caddo Parish Regional Training Academy. Pick up is at 4:00 p.m.

****How did you hear about the Youth Firearms Camp:** _____ ******

Name of Applicant _____
*Last**First**M/I*

Date of Birth ____/____/____ Age _____ T-shirt (Adult Sizes) _____

Participation date selection Tuesday (October 7th) _____ Thursday (October 9th) _____
(Select 1st & 2nd preference)

Address _____

City/State/Zip _____

Home Phone _____

Parent/Guardian _____

Employer _____

Daytime Phone _____ ext. _____ Cell Phone _____

Family Physician _____ Phone _____

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

Current medications and dosages _____

Emergency contacts other than parents (at least two):

Name *Phone*

Name *Phone*



FLIP for Hold Harmless & Emergency Medical Treatment Information

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 Henry Whitehorn, 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 specifically acknowledge that firearms training is potentially extremely hazardous, however we/I also specifically acknowledge and agree that the benefits of this firearm safety training greatly outweigh the risks.

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 in 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 may 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, Henry Whitehorn, 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