

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

**2022**

- ✓ 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, June 27, 2022.** 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.** *After the firing range we will have water activities. Campers will be allowed to change into shorts and water shoes, NO BATHING SUITS, please bring a towel.*
- ✓ 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 Mon. (July 11<sup>th</sup>) \_\_\_\_\_ Tues. (July 12<sup>th</sup>) \_\_\_\_\_ Wed. (July 13<sup>th</sup>) \_\_\_\_\_  
 (Select 1<sup>st</sup> & 2<sup>nd</sup> 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 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 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 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 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, 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*