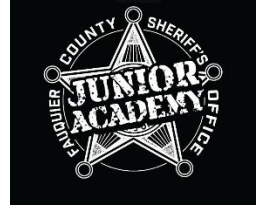


# Fauquier County Junior Sheriff's Academy

Session # 001



## Registration Form

The Fauquier County Junior Sheriff's Academy is a course that has been designed by members of the Fauquier County Sheriff's Office and is intended to be a character-building program that will prepare the cadet for the challenges of becoming a young adult. They will witness firsthand the experiences of a law enforcement officer and learn how they can make a difference. The goal of the academy is to have fun, learn discipline, motivation, and experience teamwork.

### **Cadet Information:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Student's Cell Number \_\_\_\_\_

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

School \_\_\_\_\_ Grade \_\_\_\_\_

T-Shirt Size (Adult Size) S M L XL

### **Parent and Emergency Contact Information**

1. Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Please List Alternate Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Contact Phone# \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Family Physician's Name** \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Confidential Medical Questionnaire**

1. Is your child being seen for medical reasons that we should be aware of? If yes, please explain.

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2. Does your child have any allergies or is he/she taking any medications that we should be aware of? If yes, please explain. Please be specific. Does your child have any allergies, including food allergies, or does your child have any special dietary needs?

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3. Has your child ever been hospitalized? If yes, please explain.

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4. Does your child have high blood pressure? \_\_\_\_\_

5. Does your child suffer from any heart problems? If yes, please explain.

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6. Has your child ever suffered from exhaustion or heatstroke?

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7. Are there any medical problems or disabilities that may affect your child during this event?

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8. Does your child have a learning disability? (We want to make this experience memorable and this knowledge will help accomplish this goal.)

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9. Is your child presently taking any medications (prescription or over the counter)?

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**Parents:**

I understand that the health history statement is true and that my child is able to participate in the Fauquier County Junior Sheriff's Academy. I further grant permission for my child to participate in all physical activities to be held by the Fauquier County Junior Sheriff's Academy.

Parent Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL EMERGENCY TREATMENT SLIP**

In case of medical emergency, our physician is:

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

I hereby authorize the above physician and/or designated associates or assistant or their covering physicians, or in the event these persons cannot be contacted, the emergency physician on duty at the hospital to provide emergency treatment to our child for the following:

- 1. Any laceration, fracture or other traumatic injury; or
- 2. Any symptom, disease or injury which, in the judgment of the attending physician, if untreated, reasonably may be expected to increase the risk of or threaten the health or life of the child, or threaten disfigurement or impairment of his/her facilities.

No major surgery or life threatening procedures may be performed upon my child and no general anesthesia may be administered unless:

- 1. The life or health of my child is in danger; or if delaying such treatment to obtain consent would create a threat of serious injury to the health of my child; and
- 2. The attending physician and one other physician consult and agree that such treatment is necessary for the health of my child.

\_\_\_\_\_  
(Parent/Guardian’s Signature)

If, in the judgment of the attending physician, it is necessary for any treatment authorized herein. This consent is to be effective only after reasonable efforts have been made to contact me and obtain my specific consent to any emergency treatment. This consent is also to be used in conjunction with the hospital’s procedure for documented administrative authorization.

The child covered by this form:

\_\_\_\_\_ (Child’s full name) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Parent/Guardian’s Signature) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Date)

## CODE OF CONDUCT

1. There will be no use and or possession of tobacco products, alcohol or drugs on academy property. Anyone found to be in violation of this code will be immediately dismissed and appropriate actions will be taken.
2. Students are required to arrive at 8:30 am. Morning formation will be at 8:45 am each day. Parents/Guardians shall pick up cadets **no later than** 4:00 pm.
3. Students are required to adhere to all academy rules and regulations, policies and procedures.
4. Students are required to follow the directions and orders of the academy staff, for their own safety at all times. No students will leave the classrooms, fitness areas, or academy grounds without the express permission of the academy instructors.
5. Should a student become ill or injured he/she is expected to report immediately to the instructor.
6. Use of obscene, vulgar or profane language will not be tolerated.
7. When an instructor, guest speaker or adult enters a room, all students will stand at attention with their arms at their sides.
8. When asking a question, or speaking, the student will state their and name, and then continue with verbal communication.
9. All students will answer the instructors, guest speakers, and adults at the academy with “Yes Sir/Ma’am” or “No Sir/Ma’am”
10. STUDENTS WILL CONDUCT THEMSELVES IN A PROFESSIONAL MANNER AT ALL TIMES.

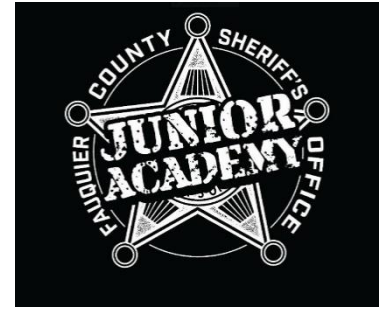
## DRESS CODE

- All t-shirts, shorts and athletic shoes will be neat and clean and kept in good condition each day.
- Shorts shall be black in color for the uniform of the day. Shorts shall fall just above the knee and not of a “form fitting” nature (i.e. No “Short Shorts”.) All Shirts will be tucked in. Each Cadet must wear the Academy t-shirts daily. These will be issued at the time of check-in on June 25<sup>th</sup>.
- Hair will be neat and not a distraction to other students.
- Wristwatches are permitted for all students. All other jewelry (i.e. earrings, necklaces, rings, anklets and bracelets) are not permitted, except medical alert identification jewelry.



# Fauquier County Sheriff's Office Explorer Post 1077

## FIELD TRIP PERMISSION SLIP



TRIP DATE: June 27, 2019

PLEASE NOTE THE FOLLOWING REGARDING THE FIELD TRIP:

Where: **Fauquier County Sheriff's Office K-9 Training Grounds**  
**Green Road Warrenton, VA 20187**

Activity: **K-9, Drone, and Sheriff's Emergency Response Team Demonstrations**

Departure from Taylor Middle School (Time): **0900**

Return to Fauquier Taylor Middle School (Time): **12:30**

Person(s) in Charge:

Lt. Rick MacWelch / Sgt. Bobby Tarr

**I have been informed of the details of this educational field experience.**

1. My child has my permission to participate in this supervised field experience.
2. Students will be transported to and from the K-9 training facility utilizing a Fauquier County School bus and trained driver.
3. I agree to instruct my child to obey all rules, regulations and instructions given by instructors. I further agree that no instructor or authorized personnel of the Fauquier County Sheriff's Office shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations or instructions.

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I GIVE PERMISSION FOR \_\_\_\_\_ TO TAKE THE FIELD TRIP TO:  
(Explorers Name / Print)

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND AGREED TO THE ABOVE AND THAT WE HAVE YOUR PERMISSION TO TAKE YOUR CHILD ON THIS FIELD EXPERIENCE.

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(Parent or Guardian Signature)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Person to contact in an Emergency: \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

**Fauquier County Junior Sheriff's Academy**