

# Chaplain Tom Burton's Hamilton County



## Junior Law Enforcement Academy



**Friday, June 21, 2019 8:00 am to 12:00 noon**

**Who:** Children who will attend first grade through senior in high school in 2019/2020  
**Where:** Hamilton County Fairgrounds, Noblesville, IN  
**Cost:** **FREE (breakfast included)**

Attention any child interested in law enforcement! This is a half-day program that highlights law enforcement activities. It applies the Word of God to the law enforcement experience. Cadets will better understand specific aspects of law enforcement as they have hands-on lessons and activities that teach them about Jesus Christ. This year the children will have a "crime" to solve. There will also be activities with emphases on spiritual learning and making good choices, including the prevention against the use of drugs, alcohol, and tobacco. Classes and activities will allow cadets to observe, understand, and practice these foundational principles to everyday life. The children will also have the opportunity to ride in a squad car with red lights and siren on.

*The closing service for parents and cadets will be at 12:00 noon.*

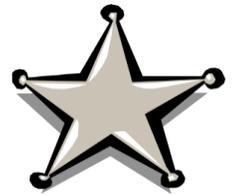


Registration begins April 1<sup>st</sup> for the children of volunteers of the Academy. Beginning on May 1st, open enrollment begins. All applications will be accepted on a first-come, first-served basis. Applications will be accepted based on the date and time of receipt of the application, including both of the releases signed and accompanying the application, until the Academy is full. Font or electronic signatures will not be accepted on the releases. The cut-off date for registration is June 1st or when the camp is full. You may scan and e-mail your application(s) to Phyllis Caudill at the email address below or drop them off at the Chaplaincy at 18100 Cumberland Road, Noblesville, IN 46060.

***If after submitting an application you do not receive a mailed or emailed registration confirmation letter from us, your child is not yet registered. Allow two weeks for processing.*** Please email [Phyllis.Caudill@hamiltoncounty.in.gov](mailto:Phyllis.Caudill@hamiltoncounty.in.gov) if you have any questions about the application or status of your child's application.

**Train a child in the way he should go, and when he is old he will not turn from it.  
Proverbs 22:7**

# Junior Law Enforcement Academy



## Child Application (Please fill out all 3 pages!)

Child's Name \_\_\_\_\_ Male Female  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_  
\*\*\* Parent/Guardian email address \_\_\_\_\_  
Parent/Guardian Home Phone # \_\_\_\_\_ Cell Phone #(s) \_\_\_\_\_  
Parent/Guardian Work # \_\_\_\_\_  
Phone # where you can be reached on June 21st \_\_\_\_\_  
Emergency contact person name & contact number in case parent/guardian can't be reached  
\_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in **Fall 2019** \_\_\_\_\_  
In case a child is lost or other emergency: Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
Other Distinctive Feature \_\_\_\_\_

- Non-law Enforcement Application
  - Child of a JLEA Volunteer Application
  - HCSO, Noblesville PD, or other Law Enforcement Application
- Sponsoring law enforcement officer/sheriff personnel \_\_\_\_\_  
Please Indicate Relationship:  Parent  Grandparent  Aunt  Uncle  Other  
Department affiliation \_\_\_\_\_  
 Other affiliation: \_\_\_\_\_

**\*\*Allergies and/or Health Issues of Concern\*\*** (Health issues and concerns must be provided to us before registration day. Because of staffing limits, not all children are a fit for the camp.)  
\_\_\_\_\_

Name of friend who you would like to be in the same group: \_\_\_\_\_  
(This is a goal and not a guarantee. To be placed together, friends must be within one year or grade level of each other.)

### **Please return completed applications to:**

**Chaplain's Office**  
**Hamilton County Sheriff's Office**  
**18100 Cumberland Road**  
**Noblesville, In 46060**

**T-Shirt Size** (circle one)

Child: Small Med Large

Adult: Small Med Large XL XXL XXXL

or fax to: **Hamilton County Sheriff's Department (317) 776-9835 Attention: Chaplaincy Office**

**NOTE: The application is not complete and will not be accepted unless both releases are signed and submitted.**

### For Office Use Only

Date Received \_\_\_\_\_ Database \_\_\_\_\_ Parental Release \_\_\_\_\_ Media Release \_\_\_\_\_ Letter \_\_\_\_\_

Child's Name \_\_\_\_\_

**Parent/Guardian Consent & Release**

By signing below I give my permission for the applicant to participate in the Chaplain Tom Burton's Hamilton County Junior Law Enforcement Academy. I hereby certify that the applicant for the Junior Law Enforcement Academy (Academy) has no medical or physical conditions that would prohibit him/her from participating in any activities associated with the Academy. I have read all of the information in this application and I understand that the participant will be supervised by the Academy staff and that if serious injury or illness should occur, medical and/or hospital care will be sought. I further understand that in case of serious injury or illness, an attempt will be made to notify the parent or guardian using the information provided on this form. If it is impossible to reach the parent or guardian, I give my permission for treatment or surgery to be administered as recommended by the attending physician.

I acknowledge that the applicant knows and appreciates that there are risks involved in the Academy and I assume any associated risk. Further, in consideration of the permission granted to the applicant to participate in the Academy, I hereby release and discharge the Hamilton County Sheriff's Chaplaincy, the Hamilton County Sheriff's Office, the County of Hamilton, Indiana, Noblesville Police Department, the City of Noblesville, Indiana, and any other law enforcement agency or entity of any kind associated with the Academy, and any employees, agents or volunteers thereof from all claims, demands, actions, and causes of action of any sort for any injuries or other harms sustained by the participant as a result of Academy activities.

I give permission for my child to be transported via squad car and/or sheriff's transport vehicle on fairground property.

\_\_\_\_\_  
Participant's Physician Name

\_\_\_\_\_  
Physicians' Phone #

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Home Phone #

\_\_\_\_\_  
Phone #(s) where you can be reached during the Academy

Child's Name \_\_\_\_\_

### Photograph / Video / Digital Image Release

I grant permission for the Hamilton County Sheriff's Department Chaplaincy, Inc., the Hamilton County Sheriff's Office, the County of Hamilton, IN, the Noblesville Police Department, the City of Noblesville, Indiana, and any other law enforcement agency or entity working with these organizations to use photographs, videotape and digital images taken of me or my children, whose names are listed below, for publicity purposes.

I hereby waive any right to inspect or approve the finished photographs, videotape or digital images that may be used for such purposes now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from the use of such photographs, videotape, or digital images.

I hereby agree to release, defend, and hold harmless the Hamilton County Sheriff's Chaplaincy, the Hamilton County Sheriff's Office, the County of Hamilton, Indiana, the Noblesville Police Department, the City of Noblesville, Indiana, or any law enforcement agency or entity working with these organizations and their agents or employees, including any firm publishing and/or distributing photographs, videotape or digital images of me, whether on paper or via electronic media, from and against any claims, damages, or liability arising from or related to the use of the images, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur in taking, processing, reduction, or production of a finished product, its publication, or distribution.

I hereby certify that I am eighteen (18) years of age or older, competent to contract in my own name and I am the parent or legal guardian of the child whose name is listed above. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian