

SF JUNIOR DEPUTY ACADEMY

2023 Application Packet



San Francisco Junior Deputy Program

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SFJDA

SAN FRANCISCO

JUNIOR DEPUTY ACADEMY

2023 SCHEDULE

MAY

	MON	TUES	WED	THURS	FRI	SAT	SUN
MANDATORY ORIENTATION 20 19th St., SF 6:30-7:30 pm	22	23	24	25	26	27	28

JUNE

	MON	TUES	WED	THURS	FRI	SAT	SUN
PRE-ACADEMY-120 19th St., SF 6:30-8:30 pm	12 19 26	13 20 27	14 21 28	15 22 29	16 23 30	17 24	18 25

JULY

	MON	TUES	WED	THURS	FRI	SAT	SUN
PRE-ACADEMY-120 19th St., SF 6:30-8:30 pm	10 17	11 18	13 19	14 20	15 21	16 22	17 23
SFJDA SUMMER ACADEMY San Bruno 9:00am-3:00pm	24 31	25	26	27	28	29	30

AUGUST

	MON	TUES	WED	THURS	FRI	SAT	SUN
SFJDA SUMMER ACADEMY San Bruno 9:00am-3:00pm		1	2	3	4	5	6
SFJDA GRADUATION 120 19th St., SF 6:30-8:00 pm	7	8					

San Francisco Junior Deputy Academy Application

Application Packet Instructions

The Application Packet consists of the Application Form, Authorization for Medical Treatment of a Minor Form, a Hold Harmless and Release Form, and a Photo Release Form. The additional forms are to be kept by the Junior Deputy Applicant, as they are required to adhere to the rules and guidelines. (SFJDP may elect to change and enforce rules guidelines at its sole discretion).

1. All areas are to be completed and signed by the Applicant's Parent / Guardian.
2. Form and Photo Release Form are legal documents that must be signed and returned at the mandatory orientation meeting on May 23, 2023.
3. Registration and Tuition Fees must be paid online at <https://sfjuniordeputy.org/>
4. The completed Application Packet with a copy of the most recent report card or progress report indicating a minimum of a 2.75 G.P.A. (C+ Average), must be submitted at the mandatory orientation meeting.

SFJDA Tuition \$1,025

Tuition Includes:

- Five week Pre-Academy
- Two-week Summer Academy
- SFJDA Uniform
- Lunch will be only be provided during Two-week Summer Academy
- Summer Academy fieldtrip(s)

San Francisco Junior Deputy Academy Application

PERSONAL INFORMATION

Name: _____

Physical Address: _____
First Middle Last City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: (____) _____ Date of Birth: _____ Age: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Weight: _____ Blood Type: _____

Any Physical Limitations? _____ If so, explain: _____

Parent(s) Guardian(s) Contact#(s):

Mother's Name: _____ Home Number: _____

Cell Number: _____ Work Number: _____

Email Address: _____

Father's Name: _____ Home Number: _____

Cell Number: _____ Work Number: _____

Email Address: _____

Are you related to anyone employed by the San Francisco Sheriff's Office? If so, Who?

_____ Relationship: _____

It is understood and agreed by signing this application that any deliberate misrepresentation by me will be sufficient cause for the cancellation of this application.

My signature also ensures that, if accepted, I will obey all Federal, State, and Local laws, in addition to all Rules and Regulations of the San Francisco Junior Deputy Program and San Francisco Junior Deputy Academy.

I understand that All codes, rules and regulations are subject to change without prior notice at SFJDP or SfJDA sole discretion. Furthermore, I agree that my child will be subject to dis-enrollment or suspension from the San Francisco Junior Deputy Academy if my child fails to adhere to all codes, rules and regulations established by SFJDP or SFJDA. I consent to the release of information about my child's ability and fitness for the San Francisco Junior Deputy Academy/San Francisco Junior Deputy Program membership by employers, schools, law enforcement agencies, and other individuals and organizations to investigators of the San Francisco Junior Deputy Program and the San Francisco Sheriff Office. I understand that all fees, payments, and deposits are non-refundable. All tuition payments or deposits will be forfeited if tuition is not paid in full by May 4, 2023.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant's Signature

E-Mail Address

Date

Parent's Signature

E-Mail Address

Date

For Office Use Only _____

Date Received: _____ Completion of Application Check: _____

Approved For SFJDA: ____Yes ____No

Comments: _____

Date Applicant is notified of Acceptance or Denial: _____

Personnel making notification: (Print Name) _____

INDEMNIFICATION AND HOLD HARMLESS AND RELEASE AGREEMENT

I hereby certify that I am the adult parent or guardian of _____, a minor child under the age of eighteen years of age, and I consent to his/her participation in recreational activities with the San Francisco Sheriff's Office (SFSO) and San Francisco Junior Deputy Program (SFJDP). I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of severe bodily injury, property loss, or damage due to said minor child's participation in activities or programs sponsored or produced by SFSO/SFJDP).

I recognize my responsibility to ensure that said minor child participates only in those activities for which he/she is capable to perform. I understand that the San Francisco Sheriff's Office, City and County of San Francisco, San Francisco Junior Deputy Program, and San Francisco Junior Deputy Academy shall not have any responsibility to pay for medical treatment and related costs of any injury due to said minor child's participation in activities or programs sponsored or produced by SFSO/SFJDP.

Further, I understand that of my own volition and insistence, I will depart from the scheduled activities using transportation provided by the San Francisco Sheriff's Office and San Francisco Junior Deputy Program or by other means of private transportation. It is fully understood that the City and County of San Francisco, San Francisco Sheriff's Office, San Francisco Junior Deputy Academy, and San Francisco Junior Deputy Program, its Board of Trustees, officers, employees, agents, representatives, or volunteers are in no way responsible, nor assumes liability, for any injuries or losses resulting from my departure to and from any scheduled activity.

Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child's participation in any or all activities or programs produced by the San Francisco Junior Deputy Program. I agree to hold harmless and indemnify the City and County of San Francisco, San Francisco Junior Deputy Program, and San Francisco Sheriff's Office, not limited to their officers, directors, faculty, staff, volunteers, employees, heirs, and agents from and against any present claims, future claims, cause of action, loss or liability for injury to person or property, which said minor child may suffer resulting from any cause whatsoever, and regardless of fault.

I agree that the said minor child will be liable for injury to any other person or property related to the said minor child's participation in any and all activities or programs with the San Francisco Junior Deputy Program and the San Francisco Sheriff Office resulting from any cause whatsoever regardless of fault.

I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

FOR OFFICIAL USE ONLY

Authorized San Francisco Junior Deputy Program Personnel Name: _____

Authorized San Francisco Junior Deputy Program Personnel Signature: _____

Authorized San Francisco Sheriff Office Personnel Name: _____

Authorized San Francisco Sheriff Office Personnel Signature: _____

Date: _____

SF JUNIOR DEPUTY ACADEMY MEDICAL LIABILITY WAIVER AND RELEASE FORM (MINOR CHILD)

Medical Emergency Contact Information

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Alternative #: _____	Alternative #: _____

Physician & Insurance Policy Information

This Member is covered by health insurance. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Insurance Company: _____	Policy/Plan #: _____
Policy Holder's Name: _____	Relationship to Participant: _____
Physician Name: _____	Physician Phone: _____

Health Information **Please indicate if the youth has any of the following medical conditions (please check all that apply) **

<input type="checkbox"/> Asthma	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Diabetes/Hypoglycemia
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Stomach/Intestinal
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Convulsion/Seizures	<input type="checkbox"/> Heart/Cardio Vascular
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Muscular/Skeletal	<input type="checkbox"/> Emotional/Mental Disorders
<input type="checkbox"/> Skin Disease	<input type="checkbox"/> Eye/Ear/Nose/Throat	<input type="checkbox"/> Chronic Bone, Muscle or Joint Injuries
<input type="checkbox"/> Other Condition(s) Please Specify: _____		

Allergies or Reactions (Check all that apply)

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Dairy	<input type="checkbox"/> Gluten	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Insect
<input type="checkbox"/> [] other (please list): _____					

Please list any medications (prescriptions or non-prescriptions) the youth is currently taking: _____

Release of Liability and Medical Authorization

The health history/special accommodation that needs to be provided is correct and complete to my knowledge. I understand that should information change throughout the course of the program, and I am responsible for updating this information and providing a revised form to the San Francisco Sheriff's Office in a minimum of two (2) days before any ongoing/upcoming events, injuries, or other medical condition occurs or arises. I hereby give permission to the designated San Francisco Junior Deputy Program Representative to consent on my behalf to routine medical treatment and/or seek emergency medical treatment. I further authorize any licensed medical person/facility to treat my son/daughter. I agree to assume full financial responsibility for any medical services provided. I also understand that some activities/events may involve certain risks associated with physical activity or potential harm, including recreational games/activities and travel by motor vehicle to off-site activities. I hereby release the San Francisco Sheriff Office, San Francisco Junior Deputy Program, San Francisco Junior Deputy Academy, and furthermore, shall not be limited to any/all of their employees, volunteers, supervisors, and the owners or operators of any property where the activity may take place from liability in the events of illness, injuries or loss occurring to myself or my personal belongings and will make no claim as a result thereof.

Applicant's Signature

Date

Parent/Legal Guardian Signature

Date

PHOTOGRAPH/VIDEOGRAPHY RELEASE AGREEMENT

I hereby _____ Hereinafter referred to as "the Parent/Guardian" acting on behalf of the Minor _____ grants the San Francisco Junior Deputy Program and San Francisco Junior Deputy Academy Hereinafter referred to as SFJDP/SFJDA permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, marketing and media collateral, including web-based publications, without payment or other consideration.

I understand and agree that all Photographs, Videography will become the property of the Photographs, Videography and will not be returned.

I hereby irrevocably authorize the SFJDP/SFJDA to edit, alter, copy, exhibit, publish, or distribute these photos or videos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the SFJDP/SFJDA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or behalf of my estate have or may have by reason of this authorization.

The Parent/Guardian warrants having read and understood this Release Agreement and warrants being the Parent or legally appointed guardian of the minor, being of legal age and competency, and with every right to enter into an agreement on behalf of the minor.

With full knowledge of the above, the Parent/Guardian acting on behalf of the minor hereby releases and shall hold harmless the Photographer and his/her successors, legal representatives, licensees, and assigns from all claims or damages, including but not limited to defamation or violation of the right of privacy or publicity, resulting from or associated with the use of the Photographs, Videography, and Work.

The Parent/Guardian agrees that the provisions contained herein shall be binding upon the Parent/Guardian and minor as well as their collective successors, legal representatives, and assigns.

This Agreement shall be construed, interpreted, and governed in accordance with the laws of the State of California, and should any provision of this Agreement be judged by an appropriate court as invalid, it shall not affect any of the remaining provisions whatsoever.

The parties agree that any or all parts of this Agreement may be submitted to the other party in legible and recordable electronic form and, upon acknowledgment of receipt by the receiving party, shall become valid parts of the Agreement.

I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS, AS EVIDENCED BY THEIR SIGNATURES BELOW. I HAVE READ AND UNDERSTOOD THE ABOVE PHOTO RELEASE.

I ACCEPT:

_____ Print Name <i>Parent and/or Legal Guardian</i>	_____ Signature	_____ Date
_____ Print Name <i>Parent and/or Legal Guardian</i>	_____ Signature	_____ Date