



**To Whom It May Concern:**

**From July 6th through the 10th , the Clermont County Sheriff's Office will be hosting a week-long Junior Police Academy (JPA) for ages 13 to 17 and/or students grade 7th-12th. This program will provide a unique experience for law enforcement professionals to come together with young people and share basic law enforcement knowledge, techniques and experiences.**

**The JPA cadets will not only learn about law enforcement, but much emphasis is placed on teamwork, respect, positive behavior, pride in one's work and the resistance to drugs and alcohol abuse. It is our hope that each cadet will leave the program with a better understanding of citizenship and how rewarding community involvement can be.**

**In broad terms, the Junior Police Academy began in Austin, Texas, and has since grown to over 200 programs nationwide. This year, thanks to the coordinated efforts, we are pleased to announce that we can present this program at no cost.**

**We encourage you to learn more about the Junior Police Academy by visiting the national web page at [www.juniorpoliceacademy.org](http://www.juniorpoliceacademy.org) or feel free to contact Captain Greg Moran 513-732-7644, or your S.R.O. We are looking forward to a fun educational week and hope to see you there!**

## Junior Police Academy Requirements

**Age:** Must be 13 to 17 years old and/or grade 7th- 12th.

**Transportation:** Cadets are responsible for transportation to and from the academy

Class is Monday through Thursday from 9:00am — 3:00pm.  
\*\* FRIDAY ONLY 830-3:00\*\*

**Location:** Williamsburg Middle/ High School  
500 S 5th St.  
Williamsburg Oh 45176

**Date:** July 6<sup>th</sup> -10th - Class size is limited to 24 cadets. Due to the limited size and based on the demand, enrollment will be based on a review of the attached questionnaire. You will be notified upon acceptance.

**Clothing:**

Physical conditioning can be every morning. Cadets should bring a pair of running shoes and dress comfortably (no sandals or flip flops). There are no shower facilities. JPA cadets should consider bringing a change of clothes, a towel and any other items to freshen up after physical activity. JPA cadets should bring a water bottle. During certain dates and times of instruction, the cadets are encouraged to wear the provided cadet T-shirt for uniformity.

**Food:** Lunch will be provided-  
\*\* please note any food allergies on the application\*\*

**Registration:** Complete the attached paperwork by May 23, 2026 and return to:

Clermont County Sheriff's Office  
4470 State Route 222  
Batavia, Ohio 45103  
Attn: Captain Greg Moran

Or return to your S.R.O. A.S.A.P

**Clermont County Sheriff's Office**  
**JPA Camp-General Registration Form**

Participant Name:

Participant Age:

Parent/Guardian Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

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Participant's T-Shirt Size:

Participant's School:

**Release**

Recognizing the risk and possibility of injury associated with participation in the Clermont County Sheriff's Office programs and in consideration of the Clermont County Sheriff's Office offering the program at a nominal fee and accepting the participant into the program and activities, I for myself, my heir, successors, administrators and assigns hereby release, and indemnify the Clermont County Commissioners, the Clermont County Sheriff's Office, Clermont County, Ohio, as well as all employees and/or agents of these entities from any and all claims by or on behalf of the participant, the participant's heirs, administrators and assigns as a result of participating in the Clermont County recreational programs. I further certify that the participant is physically fit and capable of participating in all activities required by the recreational programs and that participating in the recreation programs will not pose a risk of physical harm to any participant.

**Parent/Guardian**\_\_\_\_\_ **Date**\_\_\_\_\_

**Authorization for Medical Treatment**

In the event a participant receives an injury, requiring medical attention of any type, I hereby authorize the Clermont County Sheriff's Office, Clermont County, Ohio or its employees or agents to consent to whatever treatment is medically necessary and hereby release those entities from any claims whatsoever arising from that consent.

Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_

**Authorization to Use Image and Photographic Likeness**

In the event the participant or my photograph or other image is taken or created during the participant or my participation in this program, in consideration of the acceptance of the participant in the program, I authorize the Clermont County Sheriff's Office to use my photography or other image for promotional purposes.

Please check if you **DO NOT** want your child's photograph taken.

Date:

Participant \_\_\_\_\_

Guardian \_\_\_\_\_

**PARENT/CHILD PERMISSION SLIP**

This permission slip is for participation in the Clermont County Sheriff's Office Junior Police Academy Camp July 6-10, 2026, to take place at Williamsburg High School. This activity will be supervised by the Clermont County Sheriff's Office. We, the undersigned child and parent/guardian to said child, do hereby give permission for to participate in the above stated activity. We appreciate the dangers and risks associated with above stated activity including preparations for and transportation to and from the activity, and on my own behalf and/or on behalf of my child I hereby fully release and waive any and all claims, demand, action or cause of action of whatever nature, either in law or equity arising by reason of any bodily injury, personal injury, mental injury, or death due to the child's participation in the above referenced activity and the necessary travel to and from the activity site that may arise against the Clermont County Sheriff's Office, and all employees, volunteers, related parties or other organizations associated with any program of activity.

We expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said child may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless continue in full force and effect. We further state that I/we have fully and carefully read the above release and know the contents of the same and sign this release as our own free act.

Parent/Guardian:

**Youth Program Emergency Information and Transportation**  
**Authorization Form**

I give the Clermont County Sheriff's Office, and/or their representative/designee, my permission to transport my child to the nearest available medical/dental facility for emergency medical care. (This form does not authorize or guarantee treatment upon arrival at the designated facility, as each facility sets their own treatment procedures.)

I grant permission for my child to participate in all activities, including field trips with transportation provided by the Clermont County Sheriff's Office, and their partners, in connection with the program(s) in which I have enrolled my child.

Parent / Guardian Signature:

**Contact Deputy McElfresh at 513-315-8568 or Deputy Mullins at 513-767-6599 if you have questions.**