2019 Junior Police Academy

To Whom It May Concern

From June 24th 2019 to June 28th 2019, the Clermont County Sheriff’s Office, Union Township Police Department, Pierce Township Police Department, Amelia Police Department, Batavia Village Police Department, and other partners are teaming up to present a week long Junior Police Academy (JPA) for ages 13 to 17. 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 of the Union Township Police Department, Pierce Township Police Department, and Amelia Police Department, we are able to 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 or feel free to contact Captain Jeffrey Sellars at 513-732-7089. We are looking forward to a fun and educational week and hope to see you there.

Robert S. Leahy, Sheriff
Clermont County Sheriff’s Office

Chief Scott Ravirlia
Union Township Police Department

Chief Jeff Bachman
Pierce Township Police Department

Chief Jeff Wood
Amelia Police Department

Chief James Young
Batavia Village Police Department
Junior Police Academy Requirements

Age: Must be 13 to 17 years old.

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

Location: Holly Hill Elementary School
3520 SR 132
Amelia, Ohio 45102

Date: June 24th, 2019 through June 28th, 2019. Class size is limited to 30 cadets. Due to the limited size and based on demand, enrollment will be based on a review of the attached questionnaire. You will be notified upon acceptance.

Class is Monday through Friday from 9:00am — 3:00pm.

Clothing:
Physical conditioning will be every morning. Cadets should bring a pair of running shoes and dress comfortably. 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

Registration: Complete the attached paperwork by June 1, 2019 and return to:

By mail: Clermont County Sheriff's Office
4470 State Route 222
Batavia, Ohio 45103
Attn: Captain Jeffrey Sellars

(Reminder, registrations are limited to the first 30 applicants received)
Clermont County Sheriff's Office
JPA Camp-General Registration Form

Participant Name: ___________________________________________________________

(If a minor, Parent/Guardian Name): _________________________________________

Street Address: ___________________________________________________________________

City, State, Zip Code: __________________________________________________________

Phone: _______________________________________________________________________

Number: Email Address: ___________________________________________________________________

Release

Recognizing the risk and possibility of injury associated with participation in the Clermont County Sheriffs programs and in consideration of the Clermont County Sheriff 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, discharge and/or otherwise indemnify the Clermont County Commissioners, the Clermont County Sheriff, Pierce Township Police Department, Pierce Township Trustees, Union Township Police Department, Union Township Trustees, Amelia Police Department, Batavia Police Department, 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.

Authorization for Medical Treatment

In the event participant receives an injury, requiring medical attention of any type, I hereby authorize the Clermont County Sheriff’s Office/Pierce Township Police Department/Union Township Police Department/Amelia Police Department/ Batavia Police Department, 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.
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 to use my photography or other image for promotional purposes.

Please check if you DO NOT want your child's photograph taken. [ ]
Dated this _______ day of ____________________________ 20________

Participant: __________________________________________

Guardian: __________________________________________

Youth Program Emergency Information and Transportation Authorization Form

I give the Clermont County Sheriff’s Office, Batavia Police Department, Union Township Police Department, Pierce Township Police Department, and the Amelia Police Department representatives 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, Union Township Police Department, Pierce Township Police Department, Amelia Village Police Department, and the Batavia Village Police Department in connection with the program(s) in which I have enrolled by child.

Parent Signature: _____________________________________

Witness: ____________________________________________
PARENT/CHILD PERMISSION SLIP

This permission slip is for participation in the Clermont County Sheriff's Office Junior Police Academy Camp June 24th through June 28th 2019, to take place at Holly Hill Elementary School. This activity will be supervised by the Clermont County Sheriff, Batavia Police Department, Amelia Police Department, Pierce Township Police Department and Union Township Police Department.

We, the undersigned child and parent/guardian of __________________________ 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, Batavia Police Department, Amelia Police Department, Union Township Police Department, Pierce Township Police Department, 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.

Date. ___________________ Parent/Guardian: ____________________________

Date. ___________________ Parent/Guardian: ____________________________