



**JAMES JEFFERSON**  
SHREVEPORT CITY MARSHAL

**Summer Day Safety Camp Application**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

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

Parent/Guardian: *(Fill out all applicable)*

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

With whom do you reside: \_\_\_\_\_

Known Allergies/Pertinent Info: \_\_\_\_\_

List all clubs and organizations you are presently a member of:

\_\_\_\_\_  
\_\_\_\_\_

List two reference (other than relatives)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_



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Questions:

1. Why do you want to become a camper? *(attach another sheet if need be)*

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2. Where do you see yourself in the next ten years? *(attach another sheet if need be)*

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3. Do you know anyone in law enforcement?  Yes  No

If yes, who, and how have they influenced you?

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4. Have you ever been suspended from school?  Yes  No

If "yes", when and why:

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The above information is true and accurate to the best of my knowledge. I understand this is only an application for entrance into the Shreveport City Marshal's Office Summer Day Safety Camp and not a letter of appointment. I further consent and authorize the Marshal's office to conduct a background check, including but not limited to, a juvenile and criminal history records check. Any intentional false information shall result in immediate termination or dismissal from the program. I further consent to allow the Shreveport City Marshal's Office to use digital photographs of participants in social media posts or news releases. This consent may be withdrawn at any time by written notification.

**\*If applicant is under 18 years of age a parent's signature is required below.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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



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PARTICIPATION WAIVER AND HOLD HARMLESS AGREEMENT

**IMPORTANT INFORMATION**

The Shreveport City Marshal's Office ("SCM") is committed to conducting its programs and activities in a safe manner and holds the safety of participants in high regard. The Shreveport City Marshal's Office continually strives to reduce risk and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the Summer Day Safety Camp must recognize that there is an inherent risk of injury when choosing to participate in the Program.

You are solely responsible for determining if your minor child participant (hereinafter referred to as the "Participant") is physically fit and/or adequately skilled for the activities contemplated by the Program. It is always advisable, especially if the Participant is disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

The Program is intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any activity during the Program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants understand certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instructional officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Shreveport City Marshal's Office to guarantee absolute safety.

**PHOTO/VIDEO POLICY**

Shreveport City Marshal's Office takes photos and video of participants before, during and after activities conducted as part of the Program. By signing this form, you are giving permission to Shreveport City Marshal's Office to use these photographs and/or video images of your child for media coverage, on the Shreveport City Marshal's Office website, social media outlets, and/or for any other use deemed appropriate by the Marshal and the Shreveport City Marshal's Office. All photos and video are the property of Shreveport City Marshal's Office.



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### WAIVER AND RELEASE OF ALL CLAIMS AND LIABILITY

Please read this form carefully and be aware that in signing up and participating in the Summer Day Safety Camp you (as parent or guardian of the minor child) will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with the Program, including transportation services and vehicle operations, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in the activities in the Program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in the Program against the Shreveport City Marshal's Office, including its officials, agents, volunteers and employees.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

**Participant's Name (PLEASE PRINT):** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian (PLEASE PRINT):** \_\_\_\_\_

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