

Spalding County Jr. Deputy Program 2024 Washington, D.C. Trip

Please Print Clearly and Legibly

Student's Full Name _____ Goes By _____

Address _____ Phone# _____

School _____ Sex _____ DOB _____

Parent email: _____

Shirt Size (Adult Sizes), **Circle One**: XS S M L XL 2XL

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Student lives with ____ both parents ____ mother ____ father ____ other: Please specify _____

Person to notify if parents can not be reached:

Name _____ Relationship to Student _____

Home # _____ Work # _____ Cell# _____

***It is the responsibility of the parent or legal guardian to inform the Spalding Jr. Deputy Program if there are any changes to any contact information before departure on April 21st.**

List any Allergies: _____

Does the student have any special medical condition (i.e. diabetes, heart ailment, lung problems, etc.)? Y N

If yes, please explain _____

Prescription Medication Taken: _____

READ BOTH SIDES OF THIS APPLICATION AND AGREEMENT FORM AND VERIFY THAT PROPER SIGNATURES ARE COMPLETED AT ALL AREAS MARKED WITH AN "X".

Do not write below this line – For office use only

Chaperone registering student: _____ Receipt No: _____

Initial payment amount _____ Cash _____ Check# _____ Date _____

Release and Cancellation Policy signed: _____yes Confirm Eligibility: _____yes

Notes:

AGREEMENT

This is a release from liability and consent form. I understand by signing this form that I am giving permission for my child to go on the Washington, DC, 2024 trip and that I am further authorizing The Spalding County Jr. Deputy Program, Inc. ("SCJDP") and chaperones to obtain necessary medical and/or dental treatment as may be required, including OTC (over-the-counter) medications. The reasonable necessity for such treatment is vested solely in the persons described above. I agree to hold the SCJDP and Sheriff Darrell Dix harmless and indemnified of any debt arising out of an injury or medical treatment provided for my child. I further authorize the release of any liability of the SCJDP, Sheriff Darrell Dix, chaperones, and any other personnel duly authorized, as a result of any injuries incurred by my child while on his trip. I am the natural parent, legal adoptive parent, or legal guardian, of the minor child named on this form. I certify that this form is correctly and truly completed. I certify that my child has no health condition that may require treatment except those listed on this form. I understand that it is my responsibility to inform the Spalding Jr. Deputy Program if there are any changes to any contact information before departure on April 21st. I consent to allow my child to be photographed and/or voice recorded to be used for publicity to include video, website, radio, newspaper and social media. I hereby indemnify and hold SCJDP harmless against any and all claims or damages arising out of the taking or use of any pictures, videos or voice recordings.

I generally release the SCJDP, Spalding County Sheriff Darrell Dix, his deputies, chaperones, and other duly authorized personnel acting at the SCJDP's direction from any and all liability for an act or omission to act, which may be alleged to cause any injury to my child. I understand by signing this form, I am authorizing my child to accompany the SCJDP, Sheriff Darrell Dix, chaperones, and other authorized personnel to and from Washington, DC, leaving Griffin on April 21, 2024 and returning April 26, 2024.

Signature of Parent X _____ Date _____

WITHDRAWAL/INDIVIDUAL CANCELLATION

The initial deposit of \$250 is **Non-Refundable** and non-transferable and all payments are **Non-Refundable**. If I wish to cancel my child's reservation or my child becomes ineligible to attend the trip, I understand that I have no right to a refund, since all accommodations, meals, and services have already been booked and purchased by the Spalding County Jr. Deputy Program. The Spalding County Jr. Deputy Program has the right to alter the itinerary (such as reversing the order due to inclement weather, etc.), and I agree to accept any such changes. The SCJDP, Sheriff Darrell Dix, and his designees, will not be responsible for any lost or stolen items, including, but not limited to, money, clothing, electronic items, etc. I realize that the responsibility of keeping up with their money, clothing, souvenirs, etc., lies solely with my child. By signing this form, I agree to the terms and conditions listed.

Signature of Parent X _____ Date _____

Signature of Student X _____ Date _____