

# JUNIOR DEPUTY ACADEMY

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## Junior Deputy Cadet Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ MALE / FEMALE

Shirt Size: EXTRA SMALL (2-4) SMALL (6-8) MEDIUM (10-12) LARGE (14-16) EXTRA LARGE (18-20)

## Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies, or Medical Considerations: \_\_\_\_\_

## Liability Waiver

I, \_\_\_\_\_, the undersigned parent/guardian of the child listed above hereby agree for the child to participate in the Lee County Sheriff's Junior Deputy Academy. I understand that all necessary precautions will be in place to keep the child safe while in the care, custody, and control of the employees of the Lee County Sheriff. I hereby grant permission for Lee County Sheriff's employees to provide first-aid to and seek medical treatment for my child in the event of a medical emergency. I further agree to hold harmless the County of Lee, Lee County Sheriff, and his employees from any civil liability.

Application deadline is April 3, 2026. Applications can be:

- Emailed: [savana.lehmann@co.lee.tx.us](mailto:savana.lehmann@co.lee.tx.us)
- Delivered: Lee County Sheriff's Office, Attn: Junior Deputy, 2122 FM 448, Giddings, Texas 78942

**\*\*Please Note:** No fee is due with the application at this time. A \$30 fee will be due if your child is accepted, which can be paid in cash the morning of the Academy.