



Sacramento County District Attorney's Office  
THIEN HO  
District Attorney

## 2023 Crime Lab Youth Shadow Day Registration Form

**Registration deadline is Monday, July 3, 2023**  
**Accepted on first come, first served basis, limited to 60 students per session.**  
**Seniors receive priority.**

To apply, please fill out the information below and email it to [youthprograms@sacda.org](mailto:youthprograms@sacda.org) with a signed permission slip from your parent/guardian:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

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

Parent/Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Prior participation in one of our Youth Programs? If so, which one: \_\_\_\_\_

How did you learn about our Crime Lab Youth Shadow Day? \_\_\_\_\_

Two dates to choose from, July 21, 2023 OR July 28, 2023 (please only choose one as space is LIMITED):

IN-PERSON

(Sacramento County DA's Office Crime Lab,  
4800 Broadway, Ste 200, Sacramento, CA 95820)

**Friday, July 21, 2023**

VIRTUAL (via zoom)

**Friday, July 28, 2023**

On a separate sheet of paper please write a paragraph answering the following question:

1. Why do you want to participate in the Crime Lab Shadow Day? \_\_\_\_\_

**Applications and original permission slips should be scanned and emailed to:**  
[youthprograms@sacda.org](mailto:youthprograms@sacda.org)



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## PARENT/GUARDIAN STATEMENT OF CONSENT

### 2023 CRIME LAB SHADOW DAY

Please Choose One:

**IN-PERSON** (Sacramento County DA's Office Crime Lab,  
4800 Broadway, Ste 200, Sacramento, CA 95820)

**Friday, July 21, 2023**

or

**VIRTUAL** (via zoom) **Friday, July 28, 2023**

I hereby give consent to my child to participate in the Sacramento County District Attorney's Office, Crime Lab Youth Shadow Day (CLYSD).

I understand that this will be a virtual tour and my child will be participating with designated employees from the participating county agencies.

I understand that this event will be broadcasted live on social media and my student's participation and interaction may also be shared on social media.

I understand and agree that during the course of this event my student's comments and questions may be used on the District Attorney's web and social media sites to promote education programs.

I understand that any shadowing that takes place within the Sacramento County Crime Lab may include observation of evidence regarding serious criminal cases.

I consent to all of the above, for \_\_\_\_\_  
Student's Name (Print)

Authorized by: \_\_\_\_\_  
Signature of parent/guardian Date