



Sheriff Mike Tregre

ST. JOHN THE BAPTIST PARISH

Special Weapons and Tactics



SJSO TACTICAL OPERATIONS COURSE

COURSE OVERVIEW

The intended course purpose is to broaden the team member's knowledge of the baseline skills necessary to successfully integrate into law enforcement tactical units. Over the course of 7 days (80hrs), an emphasis on solving problems such as High Risk Warrants and Armed Barricades will be verified with practical exercises including force-on-force, scenario based drills.

Topics Covered:

- Team missions and capabilities
- Mission Planning
- Close Quarters Marksmanship
- Weapons Manipulations
- Equipment set up and considerations
- Intro to Dynamic CQB
- Intro to Combat Clearance
- Throttle Control
- Perimeter Operations/Structure Dominance
- Port and cover techniques
- Exterior movement techniques
- Structure Geometry
- Small Cell Clearing Operations
- Large Cell Clearing Operations
- Post-assault Procedures
- Verbal / Non-Verbal Communications
- Barricades / Danger Areas
- Common Doors / De confliction procedures
- Arrest Team Procedures
- Transitional Tactics
- Low Light / No Light/ NVG Operations (*if applicable*)

This is a physically demanding course with little classroom instruction. Please make sure that you are able to perform under stressful situations for an extended time period. The training will occur regardless of weather conditions. Please make plans to train in cold or wet environments.



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COURSE GEAR LIST

- Tactical uniform / clothing
- Footwear with ankle support
- Light weight gore-tex or nylon jacket
- IFAK with tourniquet
- NVG's with sacrificial lens and mounts (if available)
- IR strobe (if available)
- Handheld light
- Ballistic helmet
- Wrap around ballistic eye pro (day/night)
- Peltor/ComTac/Sordin type ear pro (must cover ears & fit under helmet)
- Athletic cup/groin protection
- Gloves
- Tactical Body Armor (plate carriers are acceptable)
- Protective/Gas mask with clear poly-carbonate eye cover
- Duty Rifle (Must have sling and weapon mounted white light. Optics highly recommended)
- Duty Handgun with Holster
- 500 rounds ammunition, Rifle
- 500 rounds ammunition, Handgun
- Simunition Conversion Kits for Rifle and Pistol (If available)
- 900 rounds UTM or equivalent, 9mm handgun
- 900 rounds UTM or equivalent, 5.56 rifle
- 10 green Chem Lights

*If you or your department do not have some of the required gear, it may be possible to borrow the gear from SJSO. Don't let this be a deciding factor on your attendance. If you have a problem meeting the minimum gear requirements, contact us. Our goal is to do everything we can to assist you in completing this course. *For additional information, contact:*

Captain Jake Boudreaux

SJSO SWAT Commander

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Lieutenant Michael Dean

SJSO SWAT

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Sergeant Josh Matherne

SJSO SWAT

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Sergeant Cody Taylor

SJSO SWAT

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SJSO TACTICAL OPERATIONS COURSE STUDENT APPLICATION

March 7-13, 2026

LaPlace, LA

STUDENT INFORMATION

NAME: _____

E-MAIL ADDRESS: _____

CELL PHONE: _____

AGENCY: _____

AGENCY MAILING ADDRESS: _____

AGENCY TELEPHONE: _____

YEARS ON TEAM: _____

POSITION ON TEAM: _____

CURRENT RANK: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____ RELATIONSHIP: _____

MEDICAL INFORMATION: *(EMERGENCY USE ONLY)*

KNOWN ALLERGIES: _____

DO YOU HAVE ANY MEDICAL CONDITIONS (CURRENT OR PAST) THAT COULD IMPACT YOUR

SUCCESSFUL COMPLETION OF A PHYSICALLY DEMANDING COURSE? (Y/N) _____

HAVE YOU EVER SUFFERED A HEAT STROKE OR HEAT EXHAUSTION? (Y/N) _____

TUITION COST: \$700.00 PER STUDENT

MAKE CHECKS PAYABLE TO "SJSO." CHECKS CAN BE BROUGHT WITH THE STUDENT OR MAILED TO:

**St. John Parish Sheriff's Office
Attn: Captain Jake Boudreaux
P.O. Box 1600
LaPlace, LA 70069**



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WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in the SWAT COURSE ("the activity"), and as a consideration for the right to participate in the activity, I hereby waive any and all rights, claims, and causes of action of any kind whatsoever arising out of my participation in the activity, and do hereby release and forever discharge the ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE, AND ANY PERSON(S) ACTING IN A STAFF OR TRAINER CAPACITY, during the activity, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a result of participation in the aforementioned activity, including travel to and from an event related to the activity.

I am voluntarily participating in the activity and I am participating in the activity at my own risk. I am aware of the risk of traveling to this activity as well as the risk of participating in the activity. I understand that injuries or outcomes may arise from my own or other's negligence, or the condition of the location at the activity. Nonetheless, I assume all related risk, both known and unknown to me, of my participation in the activity, including travel to and from the activity.

I acknowledge that this activity may involve a test of a person's mental and physical limits and may carry with it the potential for death, serious injury, and property loss. The risk may include, but are not limited to, those caused by terrain, facilities, temperature and weather, lack of hydration, condition of participants, equipment, vehicular traffic, and the actions of others.

I acknowledge that I have carefully read this "Waiver and Release". I expressly discharge the ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE, AND ANY PERSON(S) ACTING IN A STAFF OR TRAINER CAPACITY from any and all claims and causes of action and agree to voluntarily give up or waive any right that I otherwise have to bring legal action against the ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE, AND ANY PERSON(S) ACTING IN A STAFF OR TRAINER CAPACITY for personal injury or property damage during the event.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE, AND ANY PERSON(S) ACTING IN A STAFF OR TRAINER CAPACITY at the event.

In the event that I require medical care or treatment, I agree to be financially responsible for any cost as a result of said treatment. I am aware and understand that I should carry my own medical insurance.

Student's Signature

Date

Student's Name (PRINT)