

# 4<sup>TH</sup> ANNUAL VOLUNTEER FIREFIGHTERS JUBILEE FESTIVAL 2018

## KIDS FIREFIGHTER DAY CAMP REGISTRATION FORM

### Child

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Shirt size: (circle one) Youth: XS/ S / M / L or Adult: S/ M / L / XL  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

### Parent/Guardian - Contact Information

#### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

#### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Emergency Contact Information – Alternate Pickup/Release

#### Emergency Contact #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

### Medical Release Information

Insurance Information  
Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
Primary Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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### IN CASE OF A MEDICAL EMERGENCY

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the Trenton Film Society or its Trenton Youth Filmmakers Mini-Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**TUITION INFORMATION - \$10 FEE to PARTICIPATE- will include a t-shirt, snack, drinks, and kids band for the festival.**

**KIDS FIREFIGHTERS GAMES WILL FOLLOW THE CAMP: Camp 1pm – 3pm with Games to follow 3:30 to 4:30.**

### Terms of Agreement

#### Photo Release

I hereby give permission for my child to be photographed during the **Kids Firefighters Day Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Kids Firefighters Day Camp Organizers and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

#### Activities Release

I hereby give permission for the Activities & Presence of my child for official **Kids Firefighters Day Camp** activities by modes of presentations (may include helicopter landing, if age appropriate), my child may get wet, dirty, see smoke during activities, and may need a change of clothes/footwear agreed to by the camp organizers and volunteers.

Parent's/Guardian's Initials \_\_\_\_\_

Distant Area Volunteer Fire Department/Volunteer Firefighters Jubilee and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded. If my child is not able to participate, I will still receive the t-shirt ordered for my child. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**Hosted by Distant Area Volunteer Fire Department:  
2239 Madison Road, New Bethlehem, PA 16242**

<http://distantareavolunteerfiredepartment.net> to register & pay by credit card via PayPal.

**Questions? Contact Heather Mann** [davfd300@gmail.com](mailto:davfd300@gmail.com) or 814-229-8127 phone/text.