

SCHERTZ FIRE DEPARTMENT

Junior Fire Academy

June 12-16, 2017

Registration Packet



Please read and complete the entire packet and return it to the Schertz Fire Department to register your child for the Schertz Junior Fire Academy. We look forward to meeting you and your child this summer.

Welcome to the Schertz Fire Department Junior Fire Academy 2017!

We have a very exciting and fun filled week planned for our cadets.

Camp is for students entering the 5th or 6th grade in the 2017/18 school year .

Academy will be June 12-16, 2017 from 8AM - 12PM

The following material will be covered in our training sessions:

* Hazmat Response

* Fire Streams

* Vehicle Extrication

* Thermal Imager Camera

* Pumping Operations



* Rope Rescue

* Fire Extinguisher Training

* Fire Prevention

* Fire Chemistry 101

* First Aid

Please have your child dress in comfortable school appropriate clothing, and sturdy shoes (no flip flops or open toed shoes). Some of our activities will be outside involving running, and we want to ensure the proper footwear is worn. Cadets not wearing appropriate footwear may be unable to participate in certain activities for safety reasons.

Meals will not be provided; however, there will be a small snack and drink provided daily.

Children will need to be at the Schertz Fire Department between 8:00 a.m. and 8:15 a.m. each day, and parents will be required to sign their child in each day. Pick up will be at Noon to 12:15, and the parents will be required to come in and sign the children out. Children will only be released to adults listed on the registration form.

On the last day of camp (Friday), there will be a small "graduation ceremony" where the cadets will be presented with a certificate of completion. The parents are encouraged to attend the ceremony. Cake will be served following the ceremony.

Please complete the permission slip and the medical release forms attached to this registration packet.

We look forward to seeing your child on the first day of camp. If you have any questions about the camp, please contact Schertz Fire by phone at 210-619-1300.

Schertz Fire Department Junior Fire Academy Registration Form

PLEASE PRINT CLEARLY

June 12-16, 2017

Child's Name _____ M / F Age _____

Address _____

City _____ State _____ Zip _____

Home Phone# _____ Cell Phone# _____

Age ____ Date of Birth _____ Grade completed as of June 2017 _____

Child's T-Shirt Size (Circle One) YM YL YXL ADS ADM ADL ADXL ADXXL

Parents/Guardians Names _____

E-mail Address _____

Other numbers where parents/guardians may be reached (work, cell, etc.):

ALTERNATIVE CONTACT – authorized to pick up child and/or emergency contact:

Name/Relationship _____

Phone Number(s) _____

Name/Relationship _____

Phone Number(s) _____

MEDICAL INFORMATION

ALLERGIES: (Please write "none" if no allergies)

MEDICAL CONDITIONS including ADHD or any other behavioral conditions diagnosed within the last 3 years. (Please write "none" if no medical conditions exist.):

*** The Schertz Fire Department Staff will not be responsible for administering any medications to your child while they attend the Schertz Fire Department Junior Fire Academy

Permission Form

I give permission for my child, _____, to take part in the Schertz Fire Department Junior Fire Academy (the "Junior Academy"). To the best of my knowledge, my child is in good physical condition and is capable of participating in the Junior Academy. I have disclosed any medical conditions my child has on the Junior Academy Registration Form.

I understand that as part of the Junior Academy training, my child will participate in the following sessions:

- * Hazmat Response
- * Fire Streams
- * Vehicle Extrication
- * Pumping Operations
- * Thermal Imager Camera
- * Rope Rescue
- * Fire Extinguisher Training
- * Fire Prevention
- * Fire Chemistry 101
- * First Aid

I acknowledge that the nature of the activities associated with participating in the Junior Academy may have some inherent risks, including medical injuries and mental angst. The Schertz Fire Department will take all precautionary measures to minimize such risks. Should such injuries arise, I give my permission to the Schertz Fire Department staff and volunteers and/or hospital staff to administer proper medical assistance to the above named participant as needed.

I also authorize and release any pictures and video taken of my child during the Junior Academy training; provided that the City shall not disclose the name of my child.

I do hereby fully release and discharge the City Of Schertz, the Schertz Fire Department, and any of their employees, agents, and officials (each an "Indemnified Party") from and against any and all liability, claims, or demands against any of the Indemnified Parties that may accrue by my child participating in the Junior Academy.

Parent or Guardian (Please Print)

Date _____

Signature of Parent or Guardian

MEDICAL RELEASE FORM

This is to certify that my son / daughter, _____, has my permission to participate in the Schertz Fire Department Junior Fire Academy. As the parent or legal guardian of the above named child, I request that in my absence, the above named child be admitted to any hospital or medical facility for diagnosis or treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine, or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the above named minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named person.

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EMERGENCY INFORMATION

Date of Child's Birth ____/____/____ Date of Last Tetanus Booster ____/____/____

Known Allergies of Child (including medication) _____

My child has the following medical problem(s) which should be noted: _____

Family Physician _____ Phone Number (____) _____

Next of Kin to Notify _____ Phone Number (____) _____

Close Friend _____ Phone Number (____) _____

Person Responsible for Charges _____

Street Address or P.O. Box _____

City, State, Zip Code _____

Phone Number (____) _____ Work Phone Number (____) _____ Home

Phone Number (____) _____ Cell

Primary Insurance Carrier _____

Policy Number _____

Secondary Insurance Carrier _____

Policy Number _____

In witness of my/our consent and agreement to the medical authorization specified herein, I/we have subscribed my/our signatures on this _____ day of _____, 2017.

Parent / Guardian Signature

Parent / Guardian Printed Name

State of Texas
County of _____

This instrument was acknowledged before me on the _____ day of _____, 2017

NOTARY SEAL

Notary Public Signature