

City of Manassas Fire and Rescue Department

FIRE AND RESCUE CAMP ACADEMY APPLICATION – 2019

CAMP DATES: JULY 15 – 19

CAMP HOURS: 9 a.m. – 3 p.m.

Please fax your completed application to 703.257.2403, mail to or drop off at the City of Manassas Fire & Rescue Headquarters 9324 West Street, Suite 103, Manassas VA 20110, Attention: Melissa Heiderman, by June 3, 2019.

Student Info

Full Name: _____
Last First M.I. Male Female

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code Student's Cell Number, if applicable

Grade Entering August 2019: _____ School: _____

Parent/Guardian Info

Parent/Guardian Name: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Mother's Work/Cell Phone: _____ Father's Work/Cell Phone: _____

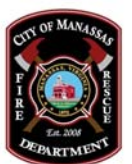
Parent Email: _____

Attendance is required for all portions of the 10 day camp. Will you commit to attending the entire program? YES NO

There are portions of the class that require physical effort in simulated firefighting operations as well as classroom training in fire safety and prevention. Will your child be willing, and able, to participate in both aspects? YES NO

STUDENTS (REQUIRED): Please briefly tell us what you hope to gain by participating in camp?
(i.e. goals you'd like to achieve, skills you'd like to learn, etc.)

Please attach a second sheet of paper if you need more room to finish.



DOCTOR'S PHYSICAL COMPLETED*: YES NO DATE ____ / ____ / ____ Parent Initials _____

**A completed doctor's physical is required to participate in camp; it must be completed prior to the first day of camp. A copy does not need to be provided. We just need to know that a doctor has cleared your child to participate in the physical activity of camp.*

Please list all health concerns, limitations or restrictions, and medications for your child:

ONLY the following people may pick my child up from the Fire Camp Academy:

Measurements: We will be providing your son/daughter with a camp shirt and shorts, as well as outfitting him/her with firefighting gear. To do this, we need their measurements.

Child's Shirt Size:	_____	Pant Size:	_____
Shoe Size:	_____	Waist	_____
		Length	_____

TERMS OF ENROLLMENT

Candidates will adhere to the Department's Rules and Regulations or will be **dismissed without review**.

Candidates should not bring any valuables to the program, including toys, radios, jewelry, money, etc. **CELL** phones are permitted, but must be on silent and not visible.

The Fire and Rescue Department is **NOT** responsible for lost items. Staff has been instructed **NOT** to safe keep any candidate's possessions.

Candidates should wear closed-toe sneakers every day (no sandals).

Candidate should bring a towel on days when designated; we will get wet on certain days.

Fire and Rescue Camp Academy will be held at Osbourn High School, 9005 Tudor Lane, Manassas, VA 20110.

Hours are 9 a.m. – 3 p.m.

Early drop-off hours are from 8:30 a.m. – 9:00 a.m.

Late pick-up hours are from 3:00 p.m. – 4:00 p.m.

Campers must be picked up by 4:00 p.m.



EMERGENCY MEDICAL AUTHORIZATION

As the parent or legal guardian of _____, I furthermore give permission to the City of Manassas Fire and Rescue Department and its employees and volunteers to obtain emergency medical treatment for my child(ren) or the child(ren) over whom I have legal custody, each of whom is listed above. I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, the Fire & Rescue Department will exercise reasonable judgment in seeking medical treatment for my child.

Signature of Parent / Legal Guardian

Date

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE FIRE CAMP ACADEMY PROGRAM SPONSORED BY THE CITY OF MANASSAS FIRE AND RESCUE DEPARTMENT

I understand that there are certain risks involved with participating in the activity identified above. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF MANASSAS, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Manassas Fire and Rescue Department, its officers, agents, volunteers, assistants or employees.

Signature of Parent / Legal Guardian

Date

Printed Name of Parent / Legal Guardian

Printed Name of Minor Child

PHOTOGRAPH RELEASE

To more effectively promote programs and activities sponsored by the City of Manassas, the City seeks the permission of program and activity participants to photograph the participants and their child/children/ward(s) participating in city programs and activities. *Please complete the following section:*

I, _____, the parent or legal guardian of _____, permit the City of Manassas to take and use photographs of me and/or my child/children/ward(s) for the purpose of promoting the City of Manassas programs and activities. This includes permission to publish photographs of me and/or my child/children/ward(s) for such purpose. I understand that such photographs of me and/or my child/children/ward(s) remain the property of the City of Manassas.

Signature of Parent / Legal Guardian

Date



City of Manassas Fire and Rescue Department

Fire and Rescue Camp Academy

For additional information or to apply, please contact The City of Manassas Fire & Rescue Department at (703) 257-8458.

Media/Photo Release Authorization

As a parent/guardian of a child enrolled in the City of Manassas Fire & Rescue Camp Academy, I understand and agree to the following conditions:

1. Members of various news media outlets may be on site at our camp from time to time for the purpose of recording and reporting to the general public on the success of our program. This may include newspaper, radio, and television.
2. The Fire Department will be taking photographs during the week, which may be used on our official City web site or other promotional outlets.
3. Participants under the age of 18 will only be identified to the media and general public by their first names unless direct contact has been made with the parent/guardian at the time of the event.
4. The City of Manassas has a Department of Communications; employees of that department may attend the camp, or portions of the camp, to record camp activities on professional grade photographic and television recording equipment for future use by the City.

Parent/Guardian Signature: _____

Date: _____



Permission Slip – to Walk to/from Camp

I, _____, the parent/guardian of _____, give permission for my son/daughter to walk (or ride a bicycle) to/from Osbourn High School on the below specified days of the City of Manassas Fire and Rescue Camp (July 15 – 19, 2018).

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My child may walk (or ride bicycle) to/from camp on the following camp dates:

- ALL DAYS OF CAMP
- July 15th
- July 16th
- July 17th
- July 18th
- July 19th

**Please note that drop off on Day 1 (July 15th) will be at the Fire Station located at 9322 Centreville Road*

Participant Name:

Parent/Guardian

Relationship:

Printed Name

Date:

Signature

