

Dear Parent or Guardian,

**FIRE CAMP** is a ½ day local camp that runs Monday through Friday. The camp is dedicated to exposing school age kids to what it is like to be a firefighter with the Suffolk Department of Fire and Rescue. Fire Camp is a great opportunity for firefighters to help kids build a sense of teamwork and responsibility. We accept applications from children that are 7, 8, 9, 10 years of age.

Our Fire Camp is designed to be fun, challenging, entertaining, and educational; all at the same time. We want the children to learn safety lessons about things around their homes and schools that they encounter everyday. They will have short periods of lectures and lessons to endure each day followed by opportunities to actively participate in exercises designed to reinforce what they have been taught.

Their lessons and activities will center on the day and life of a fire fighter and fire and life safety issues but will branch out to learn basic first aid, water safety, bike safety, search and rescue and many other interesting topics. They will be divided into teams of 5 kids, which will operate as a “fire company” for all of their activities. Each child will get the opportunity to be the “company officer” for the day. Leadership principles will be taught to each child directly and indirectly.

**MEDICAL/MEDICATIONS** We have trained medical personnel for our Department at the level of Emergency Medical Technician – Basic up to Paramedic. We will not be able to administer any medication to your child that is not provided by the parent except in cases of injury or illness that are serious enough to warrant under our operational medical director’s protocols. In such cases, your child’s status would be changed from “camper” to “patient” and could result in a transport to a hospital emergency room. Every attempt will be made to reach parent/Guardian prior to medical assistance being provided. Children will not be allowed to keep medication of any type in their possession. Our medic will administer all medications as needed and as is specified on the prescription label.

**DRESS CODE** You should dress your child according to the weather forecast for the day. Shorts are acceptable. Although we do our best to control the temperature in the training room where classes are held, the room at times can be cold. **If your child is cold natured please send a light weight jacket with them.** A camp T Shirt is provided on the first day. Many children will wear the T Shirt on Monday for pictures then again at the closing ceremony on Friday. **Closed toe shoes and socks will be required at all times.**

In order for any child to attend camp he or she will have to rely on you or another adult for daily transportation. Therefore, there is some time involved on your part. The hours for camp are as follows:

MONDAY– FRIDAY from 8:30 A.M. to 12:30P.M.

Campers can be dropped off at camp locations after 7:30am and must be picked up by 1:00pm

On behalf of the Suffolk Department of Fire & Rescue, we thank you for your interest in the Fire & Life Safety Camp and hope that your child will have a fun and positive learning experience.

HAVE A FIRE SAFE DAY!

# SUFFOLK FIRE & RESCUE



## FIRE CAMP

Are you interested in learning about firefighting?

Are you 7, 8, 9, or 10 years of age?

Are you willing to experience new and exciting things while learning at the same time?

If you answered YES to these questions come join Suffolk Fire & Rescue for a week of **FIRE CAMP!**

- **FIRE CAMP** is 5 days of experiencing and learning all about the job of a firefighter.
- **FIRE CAMP** is firefighting, bike safety, water safety, search & rescue practices, first aid, and much more.
- **FIRE CAMP** is fun, exciting, engaging, and interesting.
  
- **FIRE CAMP** is offered in Four sessions throughout the city:
- **Session 1 July 13– 17 @ Station #5 located at 3901 Bridge Road**
- **Session 2 July 27 – 31 @ Station 3 1001 White Marsh Road**
- **Session 3 August 10 - 14 @ Station #5 located at 3901 Bridge Road**
- **Session 4 August 24-28 @ Station 3 1001 White Marsh Road**
  
- **HOURS: MONDAY – FRIDAY 8:30 AM – 12:30 PM.**  
**Campers can be dropped off at camp locations after 7:30 AM and must be picked up by 1:00 PM.**

### To Apply:

\*Camp Registration Fee is \$65.00

\*Complete the application/permission slips below by:

\* Mail to or drop off the application & Fee:

**JUNE 24, 2009**

**Suffolk Fire & Rescue**

**FIRE CAMP**

**400 Market Street**

**Suffolk, VA 23434**

**Att. Pam King**

\*Checks are made out to: Jeff T Messinger Memorial Fund

### CAMP APPLICATION – application deadline JUNE 24, 2009

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age as of June 1 \_\_\_\_\_

Child's school: \_\_\_\_\_ Male / Female (please circle) Child's shirt size: \_\_\_\_\_

Child's home address: \_\_\_\_\_, City \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
(home) (cell) (work)

Parent/Guardian Signature: \_\_\_\_\_ Printed Signature: \_\_\_\_\_

Session Child will attend: \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

PROGRAM NAME: Suffolk Fire & Life Safety Session to attend # \_\_\_\_\_ Birthday \_\_\_\_\_

T- SHIRT SIZE \_\_\_\_\_ youth sizes S – XL, unless otherwise requested at the time of application)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOMEPHONE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_ FATHERS NAME: \_\_\_\_\_

WORK/CELL: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

**Release and Waiver:** In consideration of being permitted to participate in any way at the Suffolk Fire & Life Safety Camp, I, \_\_\_\_\_ (Name of Parent) for myself, my heirs, personal representatives or assigns, and on behalf of \_\_\_\_\_ (Name of Child), do **hereby release, waive, and forever discharge** the City of Suffolk, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me or my child arising from participation in the Suffolk Fire & Life Safety Camp.

**Indemnification:** I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my child, or other members of my family during the participation in the Suffolk Fire & Life Safety Camp.

If immediate contact cannot be made for any emergency medical care, we authorize and consent to such emergency medical care and treatment prescribed by a fire medic or duly licensed physician as the physician deem advisable, and the undersigned will be responsible for any such medical care or treatment rendered.

DATE: \_\_\_\_\_  
\_\_\_\_\_ (PARENT/GUARDIAN)

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**In case of any emergency, and we cannot contact you, please list two people other than yourself that we may contact.**

Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

**The local hospitals require the following information to treat your child in case of emergency:**

Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Phone \_\_\_\_\_

Any Allergies? If yes, please list \_\_\_\_\_

Any recent illnesses? Please explain \_\_\_\_\_

Current Medications? \_\_\_\_\_

**List two (2) individuals that have permission to pick up your child.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: If your child is to be picked up by a person other than anyone listed above, we MUST have signed written instructions from the parent/guardian.** See attached Fire Safety Camp Pick Up Form enclosed.

## Media/Photo Release Authorization

As a parent of a child reenrolled in the Suffolk Fire & Life Safety Camp, 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 Department will be taking photographs during the week, which may be used on our official Department Website 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 at the time of the event.
4. The City of Suffolk has a communication/media office. One of the employees may attend the camp or portions of the camp to record camp activities on professional grade television recording equipment for the purpose of creating promotional videos for future events, creating souvenir tapes, run segments on the Suffolk cable channel and to create training videos to use in other aspects of our Public Education mission.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_