



Junior Fire Chiefs Academy Camp Application

Please Print using Black or Blue Ink.



CHILD'S LAST NAME CHILD'S FIRST NAME MI

MAILING ADDRESS CITY STATE ZIP CODE

BIRTHDATE (MM/DD/YY) FEMALE MALE

PARENT/GUARDIAN NAME ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

PARENT/GUARDIAN E-MAIL PRIMARY PHONE WORK OR ALTERNATE PHONE

How did you hear about the Junior Fire Chiefs Academy?

- School
- Social Media
- Lancaster Summer Day Camp/Recreation Center

Does your child have any interest in joining the Fire Service (If yes, please explain)?

Has your child been affected by a fire (If yes, please explain)?

Parental Consent

My son/daughter, _____, has my permission to participate in the Lancaster Fire Department Junior Fire chiefs Academy.

Parent/Guardian Signature

Date

**YOUTH PROGRAMS LIABILITY WAIVER,
EMERGENCY MEDICAL AUTHORIZATION
AND
PHOTOGRAPHIC RELEASE**

Date: _____ Program: _____

Child's Name: _____ Age: _____

School Attending: _____ Grade Entering: _____

I understand that the activities in the Lancaster Quality of Life and Cultural Services Department Youth Programs will include physical activity and exercise with the possibility of physical contact and bodily injury to my child or ward (named above), and that the Department, its staff and the City of Lancaster are not undertaking responsibility to see that the activities are free from risk of injury, loss or damage to person or property. I hereby assume all said risks for my child.

In consideration of the use and availability of services and facilities of the program site by my above named child or ward, I hereby agree to release, relieve, hold harmless, and indemnify the City, the Recreation Center, the Department, the Program, and their respective supervisors, Program Directors, Coordinators, leaders, agents, instructors and other employees from all liability and claims arising out of any accident or injury suffered or incurred by my above named child or ward at the Program site or while participating in any activity sponsored, organized or supervised by the Program except for acts of negligence of said responsible supervisors, directors, coordinators, leaders, agents, instructors or other employees.

EMERGENCY MEDICAL AUTHORIZATION

I, _____ as parent and/or legal guardian, do hereby release The City of Lancaster, its staff and volunteers, from liability in the case of an accident or injury to my child or ward:

Further, in case of accident, injury or sudden illness, I authorize any first aid or emergency medical care that may become necessary for my child or ward while he or she is enrolled in any Lancaster Youth Program. I also authorize that my child or ward may be transported to a local medical facility. If I cannot be contacted in an EMERGENCY, I hereby give permission to the physician selected by the Program Coordinator to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child or ward, named above. I understand I am financially responsible for any expenses incurred for medical care or transportation on my child's behalf. By executing this document, I hereby assume, on behalf of my child or ward, all risk of injury or loss to which he or she may be exposed.

I authorize the City of Lancaster Quality of Life & Cultural Services Department to utilize my child likeness for promotional purposes both electronically and in print.

Parent/Legal Guardian Signature

Date