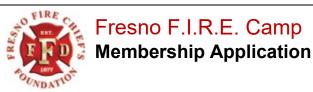


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1.	Camper I	nformation			
Date of this application:					
	Name:				
		(Last)	(First)	(Middle, if applicable	<u>)</u>
	Birthdate:		Age:		T-Shirt size:
		(Month/Day/Year))		(Current Age)	(S, M, L, XL, 2XL)
	Address:	(Number/Street)	(C:t.)	(Ctata)	(7in Codo)
		(Number/Street)	(City)	(State)	(Zip Code)
	Phone No.:	(Primary Number)		(Secondary Number	<u> </u>
	E-Mail:	(rimary realizati)		(essentially riamser	1
	School:				
		(Name of School)		(City/State)	
	Program:	(Name of School Program, i.e	e. CTE)		
	Fire Fighting Experience:				
2.	Parent / 0	Guardian Information f	or Campers und	er 18:	
		Name of Parent/Guardian:	/First/I = 4\		
		Address of Parent/Guardian:	(First/Last)		
		Address of Farent/Guardian.	(Number/Street)		(City/State/Zip Code)
3.	Camper I	Emergency Contact In	formation:		
		Name of Parent/Guardian:			
			(First/Last)		
		Phone No.:	(Cell Number)		(Work Number)
		Name of Parent/Guardian:	(3.3.3.4)		
			(First/Last)		
		Phone No.:	(Cell Number)		(Work Number)
		Nearest Relative:	(Som Hambor)		(Totalian)
			(First/Last)		
		Phone No.:	(Cell Number)		(Work Number)
			(Cell Mullipel)		(VVOIR INUITIDEI)

One copy of this form shall be kept in the Camper's file; the second copy must be carried with the camper at all times when participating in a camp function or drill.

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4.	Medical Insurance Information:					
	Name of Insured:					
	Address of Insured:	(First)	(Last)			
	Insured's Occupation:	(Number/Street)	(City/State/Zip Code)			
	Insured's Address:	(First/Last)				
	Birthdate:	(Number/Street) Age:	(City/State/Zip Code)			
	Insurance Carrier:	(Month/Day/Year))	(Current Age)			
	Insurance Carrier Address:					
	Policy No.:	(Number/Street)	(City/State/Zip Code)			
	Name of Family Doctor:					
	Address of Family Doctor:					
	Phone No.:	(Number/Street)	(City/State/Zip Code)			
	Hospital of Choice:					
		(Name of Hospital)	(City/State/Zip Code)			
5 .	medications below. (Attac	nental, food, and medical allergies, a h additional page if needed). If none	a list of medical conditions, and e, put N/A.			
The a	The above information is correct to the best of my knowledge.					
Signature of Insured:						
Date of Signature:						

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6. Authorization	o Treat Minor:				
I/we the undersigned camper or parent/s or legal guardian of					
The above information is	correct to the best of my knowledge.				
Signature of or Parent/Guardian (if camper is a					
Print	lame:				
Date of Sign	ature:				
Address of Can Parent/Gu	rdian:				
Phor	Primary Number:				
	Secondary Number:				
	Other:				

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7. Fresno F.I.R.E. Camp Waiver and Release of Liability:

For and in consideration of the participation in the Fresno F.I.R.E. Camp of the City ofFresno, I/we acknowledge and agree that:

- a. The City of Fresno does not maintain health insurance for injuries to the participants that may arise out of involvement in the Fresno F.I.R.E. Camp.
- b. My child and I/we realize that participation in all Fresno F.I.R.E. Camp activities and events is voluntary and as such voluntarily enroll them in accordance with and subject to the following terms:
 - My/My child's participation may present risks of bodily injury, dismemberment, death, and other loss including property damage.
 - I/we knowingly and freely assume all such risks.
 - The undersigned camper/parent(s)/legal guardian(s) do release, hold harmless and promise not to sue the City of Fresno, its officers, agents, employees, with respect to any and all such injury, dismemberment, property damage, death or loss, except that injury or loss which results from gross negligence or willful or wanton misconduct of one or those individuals or organizations.
 - I/we will inform my child that he/she must follow all Fresno F.I.R.E. Camp safety rules as well as any other rules or directions given during participation in the program.
 - Unless prior arrangements are made, the City of Fresno shall not be held accountable for the safety of participants after program hours.
 - I/we hereby give to the City of Fresno the absolute and irrevocable right and permission to photograph, film, videotape, or record my children's likeness and/or voice and to use the results and proceeds thereof on the Fresno Fire Department websites or for outreach and/or educational material produced for the Fresno Fire Department.

Name:				
	(Last)	(First)	(Middle, if applicable)	
Birthdate:	(Month/Day/Year))	<u>—</u>		
This is to certify that as a par forth above.	ent/guardian of this partici	pant, I do consent to his	her waiver and releaseas set	
Signature of Camper or Parent/Guardian (if campe	r is a minor):			
ΔΙΙΤ	HORIZATION FOR MEDICA	AL TREATMENT OF A M	INOR	
7.01	TOTALE ATTION TOTAL MEDICA	te intertiment of 7thm		
n accordance with <i>California Family Code</i> Section 6910, I/we, the parents and/or guardians give authorizationto a physician(s) and/or surgeon(s), licensed under the provisions of the Medical Practice Act, for said camper, to receive care and/or emergency medical treatment when necessary. I (we) understand and agree that any expenditure incurred for the care and transportation of the above-named minor is my responsibility during the period of May 3, 2025.				
Signature of Camper or Parent/Guardian (if campe	r is a minor):			

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Print Name:

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8. Cell Phone Policy:			
Cell Phones:			
Due to safety and security, cell phones are not to be used during the event. Cell Phon duringlunch break. Fresno Fire Department is not responsible for lost or stolen property.	es may be used		
☐ By checking, I agree and understand the terms of the Cell Phone Policy.			
9. Camper Pick Up Policy:			
The safety of your child is of the utmost importance. To ensure your child has the arrangements, please specify who will be picking up your child, or if they will be cevent. The following must be completed for application to be considered.			
☐ My child will be picked up from the event by (Name):			
☐ My child will be driving to the event and has approval to leave the event in their ve	hicle.		
Parent Signature:			
\square I am 18 years of age and do not need parent approval for the event pick-up.			
This information will be confirmed at the time of registration. In the event this information inform the event staff during Registration.	n changes, please		
10. Assumption of Risk and Release of Liability:			
Prior to this event, all participants are required to complete a "Declaration of Assumption of Risk and Release of Liability" form. Participants will be advised of every challenge they will encounter during this event. For example, they will be offered the opportunities to operate in small spaces, maneuver through high angles, navigate in hot environments, and participate in heavy lifting situations. All conditions and/or situations are led by an instructor and/or an assistant(s) for obvious safety reasons; all activities will be performed as a team of two individuals. Participants may opt out of a demonstration at any time in the event. Signature of Camper			
or Parent/Guardian (if camper is a minor): Print Name:			
Fillit Name.			
11. Personal Protective Equipment Sizes:			
Participants are expected to wear full PPE (Personal Protection Equipment), including an SCBA (Self-Contained Breathing Apparatus) and harness, during each scheduled event. The PPE, SCBA, and harness weigh approximately 45 lbs. and require assistance when lifting. To properly fit your PPE, the following information is required:			
Shirt Size: Pant Size: Shoe Size: G	Blove Size:		
Your Name: Date:			

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