



# Fresno Fire Department

911 H Street, Fresno CA 93721, (559) 621-4119 / [fresnofirecamp@gmail.com](mailto:fresnofirecamp@gmail.com)



## Fresno F.I.R.E. Camp Membership Application

### 1. Camper Information

Date of this application: \_\_\_\_\_

Name: \_\_\_\_\_

(Last)

(First)

(Middle, if applicable)

Birthdate: \_\_\_\_\_

(Month/Day/Year)

Age: \_\_\_\_\_

(Current Age)

T-Shirt size: \_\_\_\_\_

(S, M, L, XL, 2XL)

Address: \_\_\_\_\_

(Number/Street)

(City)

(State)

(Zip Code)

Phone No.: \_\_\_\_\_

(Primary Number)

(Secondary Number)

E-Mail: \_\_\_\_\_

School: \_\_\_\_\_

(Name of School)

(City/State)

Program: \_\_\_\_\_

(Name of School Program, i.e. CTE)

Fire Fighting  
Experience: \_\_\_\_\_

### 2. Parent / Guardian Information for Campers under 18:

Name of Parent/Guardian: \_\_\_\_\_

(First/Last)

Address of Parent/Guardian: \_\_\_\_\_

(Number/Street)

(City/State/Zip Code)

### 3. Camper Emergency Contact Information:

Name of Parent/Guardian: \_\_\_\_\_

(First/Last)

Phone No.: \_\_\_\_\_

(Cell Number)

(Work Number)

Name of Parent/Guardian: \_\_\_\_\_

(First/Last)

Phone No.: \_\_\_\_\_

(Cell Number)

(Work Number)

Nearest Relative: \_\_\_\_\_

(First/Last)

Phone No.: \_\_\_\_\_

(Cell Number)

(Work Number)

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:

\_\_\_\_\_  
(First) (Last)

Address of Insured:

\_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

Insured's Occupation:

\_\_\_\_\_  
(First/Last)

Insured's Address:

\_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

Birthdate:

Age:

\_\_\_\_\_  
(Month/Day/Year) (Current Age)

Insurance Carrier:

\_\_\_\_\_

Insurance Carrier Address:

\_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

Policy No.:

\_\_\_\_\_

Name of Family Doctor:

\_\_\_\_\_

Address of Family Doctor:

\_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

Phone No.:

\_\_\_\_\_

Hospital of Choice:

\_\_\_\_\_  
(Name of Hospital) (City/State/Zip Code)

## 5. Please include all environmental, food, and medical allergies, a list of medical conditions, and medications below. (Attach additional page if needed). If none, put N/A.

The above information is correct to the best of my knowledge.

Signature of Insured:

\_\_\_\_\_

Date of Signature:

\_\_\_\_\_



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## 6. Authorization to Treat Minor:

I/we the undersigned camper or parent/s or legal guardian of \_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, rendered under the general or special supervisor of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practices Act, or a Dentist licensed under the provisions of the Dental Practices Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization, given in advance of any specific diagnosis, treatment or hospital care being required, is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the abovetreatment will not be withhold if the undersigned cannot be reached.

List any medical conditions/treatment restrictions below. (Please attached additional page ifneeded): If none, put N/A.

**The above information is correct to the best of my knowledge.**

Signature of Camper  
or Parent/Guardian (if camper is a minor): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Address of Camper or  
Parent/Guardian: \_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

Phone No.: Primary Number: \_\_\_\_\_

Secondary Number: \_\_\_\_\_

Other: \_\_\_\_\_





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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 Phones may be used during lunch break. Fresno Fire Department is not responsible for lost or stolen property.

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 proper pick-up arrangements, please specify who will be picking up your child, or if they will be driving, from the event. 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 vehicle.

Parent Signature: \_\_\_\_\_.

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 changes, please inform the event staff during Registration.

## 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: \_\_\_\_\_

## 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: \_\_\_\_\_ Glove Size: \_\_\_\_\_

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_