



## JUNIOR FIRE ACADEMY APPLICATION – 2014

July 28, 2014 – August 1, 2014

Please submit your child's completed application in person at **Greenville Fire/Rescue, 500 S. Greene Street**, or email to [lmcox@greenvillenc.gov](mailto:lmcox@greenvillenc.gov), no later than **June 21, 2014**.

### Section 1 – To be completed by parent/guardian

City of Greenville Resident ☐ Yes ☐ No

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Boy ☐ Girl

August 2014 Grade: ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup> School: \_\_\_\_\_

Child's Shirt Size: Child Size ☐ S ☐ M ☐ L Adult Size ☐ S ☐ M ☐ L ☐ XL

Parent/Guardian Name: \_\_\_\_\_  
LAST FIRST

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
LAST FIRST

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**ONLY** the following people may pick up my child from the Academy (must have I.D. present):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please list all medications, allergies and limitations/restrictions for your child:

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Why do you support your child's involvement in the Junior Fire Academy?

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**Section 2 – To be completed by candidate**

Name: _____	Age: _____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
Address: _____	Apt: _____	City: _____	Zip: _____
Phone: _____	School: _____		

Explain why you should be a candidate in the Greenville Fire/Rescue Junior Fire Academy?

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

Candidates are expected to participate in Fire/EMS activities and take what they learn back home and teach others about Fire Safety and the Fire Service. Will you pass along to your family and your friends what you learn in this program? How will you do it?

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

There are portions of the class that require physical effort in simulated firefighting and EMS operations as well as classroom training in Fire Safety and Prevention. Are you willing to accept the challenges of the Junior Fire Academy?

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

Attendance is required for all portions of the 5-day Academy. Will you commit to attending the entire program? ☐ YES ☐ NO









### ***Section 3 – To be completed by parent/guardian***

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#### **TERMS OF ENROLLMENT**

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-  Candidates must attend all sessions every day.
-  Candidates will adhere to the Department's Rules and Regulations
-  Candidates should not bring any valuables to the program, including toys, radios, jewelry, money, etc.
-  Greenville Fire/Rescue is **NOT** responsible for lost items. Staff will hold cell phones in case of Emergency Contact needs.
-  **Closed-toed sneakers** are to be worn everyday (no sandals).
-  **Work clothes**, including shorts and a belt, are to be worn (appropriate for weather).

The academy will be held at the Greenville Fire/Rescue Station 6 Training Grounds, located at 3375 E. 10<sup>th</sup> Street. Academy hours are 9:00 am – 4:00 pm. Candidates need to be picked up promptly at 4:00 pm. Late pick-up is available until 5:00 pm. Staff must be notified **PRIOR** to the first day of camp if early drop off or late pick up is needed. Transportation is to be provided for the Candidate. He/she is NOT to walk to or from the Academy.

#### ***Permission, Release and Assumption of Risk***

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In consideration of my child being allowed to participate in the Junior Fire Academy sponsored by the Greenville Fire/Rescue Department (GFR), I hereby assume all risk and release the City of Greenville and its employees from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also for my family and all legal successors in interest. For the safe enjoyment of this program by all participants, GFR has established rules and regulations and I agree that my child will abide by them or accept dismissal for refusing to follow them. I hereby grant permission to the City of Greenville to use, for promotional purposes, photographs and video images taken of my child while participating in this program. In the event that my child is injured and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GFR staff to hospitalize, secure proper treatment or medication for and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

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Parent/Guardian Signature

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Printed Name

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