



Whitehall Volunteer Fire Company Inc.

161 Main Street
P.O Box 188
Whitehall, New York 12887

Bryan G. Brooks
Fire Chief

“The Volunteers”

2017 Jr. Firefighter Academy Registration Form



Thank you for your interest in the Jr. Firefighter Academy. **Please complete both sides of this form** and mail it to the: Whitehall Volunteer Fire Company Inc.
P.O Box 188 Whitehall, New York 12887

Please return this form by June 15th

Name _____ Age _____ Grade Entering in Fall 2017 _____

Address _____ Zip _____

Phone _____ Cell _____

Email Address(es) _____

Shirt size (Please Circle): Youth: S M L Adult: S M L XL

Parents Name(s) _____

Emergency Name (relationship to the child) _____ Phone _____

Persons, other than parents, allowed to pick up your child(ren) _____

The Academy runs Monday through Friday, from July 31st - August 4th, 9am-3pm. A graduation ceremony will be held on Saturday, August 5th.

In consideration in being able to participate in this program, I, the undersigned; intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waived and release any and all rights and claims of any kind I may have against The Whitehall Volunteer Fire Company Inc., the Town of Whitehall, the Village of Whitehall; or instructors contracted by Whitehall Fire, including injury, illness, or property loss suffered by me/my child which might occur while participating in this fire camp program.

Parent/Guardian Signature: _____ Date: _____

Health History

List any allergies to foods, medications, or the environment, any recurring illnesses and/or any specific medical illnesses.

Food Allergies

Enviromental _____

Medications _____

Recurring Illnesses and/or specific medical illnesses _____

Does Your Child Use An: EPI-Pen _____ **Inhaler** _____ **(Must Bring, If Yes)**

Is Your Child: Epileptic _____ **Diabetic** _____

NOTE: Please notify Whitehall Fire (744-0722) if your child is exposed to any communicable disease prior to or during this program or has special conditions we need to be more aware of.

*** Every attempt will be made to contact a parent/legal guardian or emergency contact in the case of an emergency.**

PARENT'S AUTHORIZATION: The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician and/or hospital selected by the Whitehall Volunteer Fire Company Inc. to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for child as named above. **NO MEDICAL INSURANCE IS CARRIED BY WHITEHALL VOLUNTEER FIRE COMPANY, TOWN OF WHITEHALL, or VILLAGE OF WHITEHALL FOR PROGRAM PARTICIPANTS. REGISTRANTS ARE ENCOURAGED TO HAVE THEIR OWN MEDICAL COVERAGE.**

Parent/Guardian Signature: _____

Date: _____

Photo Release

The Whitehall Volunteer Fire Company Inc. (Whitehall Fire) may periodically photograph participants throughout the program. These photographs are used in a variety of ways, including media reports, public relations and marketing purposes (printed images on brochures, posters and newsletters and the Whitehall Fire website. Please indicate whether you will allow publication of photographs taken of your child during this program.

I agree to allow the Whitehall Fire to use images of my child _____

I **will not** allow photos to be taken of my child _____

Parent/Guardian Signature: _____

Date: _____