



Whitehall Volunteer Fire Company Inc.

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

Bryan G. Brooks
Fire Chief

“The Volunteers”

2021 Junior Firefighter Academy Registration Form



Thank you for your interest in the Junior Firefighter Academy. **Please complete both sides of this form**, drop it off or mail it to the Whitehall Volunteer Fire Company INC. 161 Main Street, P. O. Box 188 Whitehall, NY 12887. **Cadets are accepted on a first come, first serve basis.** Due to Covid-19 this year we are only allowing 25 students to participate.

Application deadline: June 15th

Name: _____ Age: _____ Grade Entering in Fall 2021 _____ (Grades 4th – 8th)

Address: _____ Zip: _____

Shirt size: (Please circle) Youth: S M L Adult: S M L XL 2XL

Allergies: _____

Medications: _____

Recurring Illnesses/medical illnesses: _____

Does your child use an: EPI – PEN Inhaler (**Must bring, if yes**)

Is your child: Epileptic Diabetic

Parents Name: _____ Phone Number: _____

Emergency Contact: _____

Relationship _____ Phone Number: _____

Person, other than parent, allowed to pick up children(s) _____

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 Volunteer 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: _____

Parent’s Authorization: The health history is correct so far as I know, and the person herein described has permission engage in all prescribed program activities, except as noted by me. In the

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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.**

Parents/Guardian Signature: _____ Date: _____

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Photo Release

The Whitehall Volunteer Fire Company Inc. may periodically photograph participants throughout the program. These photographs are used in a variety of ways, including media reports, public relations, and marketing purposes (printing image on brochures, posters, newsletters, and the company's website. Please indicate whether you will/ will not allow publications 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.

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The Whitehall Volunteer Fire Company Inc. periodically will transport children or demonstrate how firefighters use apparatus. Please indicate whether you give your child permission to ride in fire trucks or on the air boat with proper safety PPE.

I agree to allow my child to participate in rides.

I will not allow my child to participate in rides.

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The Academy runs from Monday, August 2nd through Friday, August 6th, 9am – 3pm.
The graduation ceremony will be Friday August 6th at 3:30 pending weather.

If you have any questions, please contact Rachel McNamara at (518) 683-9997 or email info@whitehallfire.org.

