



BAFA YOUTH FIRE CAMP



CAMP DATES: JUNE 26 - 30, 2017

TIME: 9 AM - 3 PM

OPEN TO: Students entering 6th - 9th grade, Fall of 2017

Location: Fire Station 32, 1580 Old US 23 (Corner of Old US 23 & Hyne)

YOUTH FIRE CAMP DETAILS

- A BAFA Youth Fire Camp T-shirt is included.
- Camp participants need to bring a disposable sack lunch Monday - Thursday. On Friday there will be a last day of camp celebration with hot dogs/hamburgers prepared by Officers of the Brighton Area Fire Authority.
- Parents are welcome to arrive at 2 PM for pictures and cake
- Questions? Call 810-229-6640

FIRE CAMP REGISTRATION COST: \$100

Please complete the following information. Submit one form per person. For safety reasons, an email address and completed emergency contact information **MUST** be included. Return completed form and check/money order to **BAFA**:

**Brighton Area Fire Authority
Attn: Claudette
615 W. Grand River Avenue
Brighton, MI 48116**

Student's Last Name		First Name	MI
Address		City	Zip
Home Phone	Student's Cell Phone	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Email address		Parents email	

EMERGENCY CONTACT INFORMATION (MANDATORY)

Student's Name	Grade	Date of Birth
Primary Contact	Relationship	Phone number while student at camp
Address (if different than student's)		
Secondary contact	Relationship	Phone number while student at camp
Address if different than student's)		

Medical Information: None Convulsive Disorders Diabetes Allergies (i.e. stings, diet) Other

Please describe symptoms and precautions: _____

Additional medical information we should know: _____

Other person(s) authorized to pick-up student: _____

I agree to indemnify and hold harmless Brighton Area Fire Authority, its officers, agents, volunteers, and employees from any and all liability, loss, claims, and demands, actions or causes of action for any loss or injury that my child may sustain while participating in the Brighton Area Fire Authority Youth Fire Camp. In case of emergency, I ask the Brighton Area Fire Authority to contact an adult listed above. I authorize the Authority to seek emergency medical treatment for my son or daughter in case of injury, accident, or illness. I further authorize the Brighton Area Fire Authority to use photos and/or video of my son or daughter to be used for marketing and/or publicity of the Brighton Area Fire Authority Youth Fire Camp. My signature below represents that I have carefully read this agreement and I understand it is a release of liability and fully understand its contents.

Parent or Legal Guardian's Signature	Print Name	Date
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