



GIRLS ON FIRE CAMP

REGISTRATION FORM

DATES: JUNE 17 - 19, 2019

TIME: 8 AM - 3 PM

OPEN TO: Future Women of Livingston County, Ages: 14-18

**CAMP LOCATION: Fire Station 32, 1580 Old US 23
(Corner of Old US 23 & Hyne)**

FIRE CAMP REGISTRATION COST: \$50

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**

GIRLS ON FIRE CAMP DETAILS

- GIRLS ON FIRE camp T-shirt is included
- Lunch will be provided daily
- Parents are welcome to arrive at 2 pm on June 19 for pictures and presentation of certificates
- Registration limited to only 25 girls
- Questions? Call 810-229-6640

Student's Last Name		First Name	MI
Address		City	Zip
Home Phone	Student's Cell Phone	T-shirt size XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <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 GIRLS ON 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
--------------------------------------	------------	------