

YOU CAN DO THIS!

BOYS FIRE CAMP

BOYS FIRE CAMP

JUNE 22 - 24, 2020

8 AM - 3 PM

**Don't wait - Register today!
Spots will fill up fast!
Cost: \$50**

(payment due upon registration)

Go to www.brightonareafire.com for
Boys Summer Camp registration form



LEADERSHIP. TEAMWORK. INSPIRATION.

Open to the future men of Livingston County, teenage boys (14-18). You are invited to learn about what it takes to be a firefighter in this hands-on, 3-day camp.

Train with firefighters and learn CPR, self-defense tactics, leadership, and firefighting skills. Camp activities will promote your development in leadership, teamwork, self-confidence and, hopefully, inspire you to become a Livingston County Firefighter.

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BOYS FIRE CAMP

REGISTRATION FORM

DATES: JUNE 22 - 24, 2020

TIME: 8 AM - 3 PM

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

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

BOYS FIRE CAMP DETAILS

- Boys camp T-shirt is included
- Lunch will be provided daily
- Long pants (athletic) must be worn every day
- Parents are welcome to arrive at 2 pm on June 19 for pictures and presentation of certificates
- Registration limited to only 25 boys
- Questions? Call 810-229-6640

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**

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		Parent's email	
List dietary restrictions and food allergies			

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) List 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 BOYS 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 in case of injury, accident, or illness. I further authorize the Brighton Area Fire Authority to use photos and/or video of my son 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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