

YOU CAN DO THIS!

GIRLS ON FIRE CAMP

GIRLS FIRE CAMP

JUNE 15 - 17, 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
Girls Summer Camp registration form



LEADERSHIP. TEAMWORK. INSPIRATION.

Open to the future women of Livingston County, teenage girls (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. You will train with female FF's who are breaking down the stereotypes in this historically male-dominated career. 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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GIRLS FIRE CAMP

REGISTRATION FORM

DATES: JUNE 15 - 17, 2020

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)**

GIRLS FIRE CAMP DETAILS

- Girls 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 girls
- 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 GIRLS 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 daughter in case of injury, accident, or illness. I further authorize the Brighton Area Fire Authority to use photos and/or video of my 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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