

# BOYS FIRED UP YOUTH CAMP

## REGISTRATION FORM

**DATES: JUNE 21-22-23, 2021**

**TIME: 8 AM - 3 PM**

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

**CAMP LOCATION: Fire Station 34, 2755 Dorr Road**

### BOYS FIRED UP CAMP DETAILS

- Camp T-shirt, sling bag, face mask, and refillable water bottle are included
- Bring sack lunch on Monday & Tuesday.
- Lunch will be provided on Wednesday.
- Long pants (athletic) must be worn every day. For safety reasons, shorts are not permitted.
- Registration limited to only 25 boys. **Due by May 1st**
- Questions? Call 810-229-6640

### FIRE CAMP REGISTRATION COST: \$60

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/or 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
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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 FIRED UP YOUTH 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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