

# FIRST RESPONDER YOUTH SUMMER CAMP



## **REGISTRATION FORM (Due by May 15, 2024)**

**POLICE CAMP - June 20, 21, 24, 2024 Cost: \$60**

**FIRE CAMP - June 25, 26, 27, 2024 Cost: \$60**

**SPECIAL OFFER - BOTH CAMPS FOR ONLY \$100**



**Graduation and BBQ lunch held for both camps on June 28, 2024 at Fire Station 34**

**CAMP LOCATIONS: Brighton City Police - 440 S. 3rd Street / Fire Station 34 - 2755 Dorr Road**

Please complete the following information and return by **May 15, 2024**. Submit one form per camper. For safety reasons, an email address and completed emergency contact information **MUST** be included.

Please  **Police Camp @ \$60**  
 Check  **Fire Camp @ \$60**  
 One  **Police & Fire Camp @ \$100**

**Return completed form & check payable to:**  
**Brighton Area Fire Authority**  
**Attn: Claudette Monroe**  
**615 W. Grand River Ave., Brighton, MI 48116**

**CAMP HOURS: 8 AM – 3 PM**

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			
<b>EMERGENCY CONTACT INFORMATION (Mandatory)</b>			
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 <input type="checkbox"/> Convulsive disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies (i.e. stings) <input type="checkbox"/> List Other _____			
Please describe symptoms & 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 and Brighton City Police, 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 FIRST RESPONDER YOUTH SUMMER CAMP. In case of emergency, I ask the Brighton Area Fire Authority and Brighton City Police to contact an adult listed above. I authorize the Authority to seek emergency medical treatment for my child in case of injury, accident, or illness. I further authorize the Brighton Area fire Authority and Brighton City Police to use photos and/or video of my child for marketing and/or publicity. 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