

**Swampscott Fire Department
Youth Firefighter Summer
Program**



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Student Name: _____ Date of Birth: _____ Age): _____

Home Address: _____

Parent/Guardian Telephone #: (Home) _____ (Cell) _____

School Attending: _____ Grade Entering: _____

Adult Tee Shirt Size: Small: _____ Medium: _____ Large: _____ Extra Large: _____

The Youth Firefighter Summer Program (ages 8-12) will run from 9:00am-12:00pm from Monday August 5-Friday August 9. through Friday. Space is limited.

Please call/email with questions to:

Margaret Wile, Administrative Assistant, 781-595-4050,

mwile@swampscottma.gov

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I am willing to abide by the conditions and regulations set forth by the Swampscott Fire Department Youth Firefighter Summer Program. I realize that failure to comply with these rules may result in termination from the Swampscott Fire Department Youth Firefighter.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Youth Firefighter Summer
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PARENT/GUARDIAN PERMISSION SLIP

Permission of the Parent or Guardian is Mandatory for Applicants

I, (print) _____ am the Parent/Guardian of (print) _____ hereinafter referred to as the (CHILD). I am over 18 years of age and reside at _____.

In consideration of and for the permission and authority of my CHILD to participate in the Youth Firefighter Summer Program, which includes classroom instruction, field trips and physical activities, I hereby release and forever discharge, and shall hold harmless and indemnify the Swampscott Fire Department and or The Town of Swampscott –and its agents, servants and employees (collectively hereinafter referred to as the HOST) from all actions, causes of actions, suits, debts, sums of money, accounts, damages, judgments, claims and demands whatsoever which I or my CHILD, or our heirs, executors, administrators, successors, and assigns may have now or in the future against the HOST arising out of my CHILD’S participation in the Youth Firefighter Summer Program including, but not limited to the aforementioned activities and any acts related thereto. This release may not be changed orally.

Parent/Guardian Signature: _____ Date: _____

****Application will not be accepted if not accompanied by Parent/Guardian signature****

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PARTICIPANT RELEASE OF LIABILITY
Release of Liability for Participant is Mandatory

The Swampscott Fire Department's training workshops use a variety of activities, games, team building activities. Some of these can be physically demanding but are designed to be within the capability of anyone who is in reasonably good health. All activities are presented on a "Challenge by Choice" basis. This means that participants choose their own level of participation. Although safety is the greatest priority of all the Swampscott Fire Department's training, there is a risk which must be assumed by each participant that she or he may suffer an emotional or physical injury. Each participant in a Swampscott Fire Department's workshop is required to have health/accident insurance coverage. The information on this form is intended to help inform the Swampscott Fire Department staff of any pre-existing medical conditions and to help determine if consultation with a physician is recommended prior to participating in a workshop. This information will be kept in strict confidence by the Swampscott Fire Department and only shared with your permission.

PLEASE PRINT:

Participant's Name (First and Last) _____

Address: _____

Gender identification: _____ Date of Birth: _____

Participant's Health Policy: _____

Insurance Provider Member #: _____

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1. Have you had surgery in the past year, or do you have any limiting physical or health disabilities or handicaps (temporary or permanent that your doctor feels would limit your participation in the Youth Firefighter Summer Program)? (Check one): Yes No

2. Medical Concerns/issues? (Check one) Yes No

If yes, please explain:

3. Are you currently taking any medication(s)? (Check one) Yes No

If yes, please explain: List the medication and the condition it is for:

4. Are there any food, environmental, pharmaceutical, or other allergies? (Check one) Yes No

If yes, please explain:

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Youth Firefighter Summer
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I affirm that the confidential medical information which has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and the those around me and I agree to hold the Swampscott Fire Department and The Town of Swampscott, harmless if full disclosure of pre-existing medical conditions has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment which may become necessary. I understand that parts of the Youth Firefighter Summer Program offered may be emotionally and physically demanding. I agree to follow all safety instructions given by the Swampscott Fire Department staff/or other staff members during the training workshop. I recognize the inherent risk of injury or disability in the adventure course activities offered by Swampscott Fire Department. I understand that each participant must assume the risk of injury or disability from these activities. I release the Swampscott Fire Department and the Town of Swampscott from all liabilities for any injury to me from participation in the adventure activities offered by the Swampscott Fire Department.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Youth Firefighter Summer
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***PARTICIPANT CONTACT & EMERGENCY CONTACT
INFORMATION***

Participant Name: _____ Participant Cell Phone: _____

Emergency Contact #1

Name: _____ Relationship: _____

Cell phone number: _____ Alternate Number: _____

E-MAIL: _____

Alternate Emergency Contact

Name: _____ Relationship: _____

Cell phone number: _____ Alternate Number: _____

E-MAIL: _____

I verify this information is correct.

Parent Signature: _____ Date: _____

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Authorization to Take and Use Photographs/Video

Waiver and Release of Claims

I, _____, hereby grant the Swampscott Fire Department, its directors, officers, employees, agents, and designees (collectively "SFD") non-revocable permission to capture my image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively "Images"). I acknowledge that SFD will own such Images and further grant the SFD permission to copyright, display, publish, distribute, use, modify, print and reprint such Images in any manner whatsoever related to SFD business, including without limitation, publications, advertisements, brochures, web site images, social media or other electronic displays and transmissions thereof. I further waive any right to inspect or approve the use of the Image by the SFD prior to its use. I forever release and hold the SFD harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity. I hereby certify that I am the parent and/or guardian of a child under the age of 18 years, and hereby consent that any Images (as defined above) may be used for any purposes set forth in this Authorization and Release above.

Printed Name (Parent): _____ Date: _____

Signature (Parent): _____ Date: _____