

# Limerick Fire Dept. Firefighter Day Camp for Individuals with Special Needs Registration Form

Attendee Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Caregiver Name(s): \_\_\_\_\_

Home Address or Group Home Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address (print clearly): \_\_\_\_\_

Has the individual previously attended our camp?  Yes  No

Tee Shirt: **Youth Size:** S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

**Adult Size:** S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_

Choose one session to attend: \_\_\_\_\_ 9 a.m. to 12 p.m. -OR- \_\_\_\_\_ 1 p.m. to 4 p.m.

Brief Disability Explanation: \_\_\_\_\_

Possibility of photosensitive seizures triggered by flashing lights? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Each attendee must have their own registration form and camp fee. You will receive an email confirming the session of your choice. Please arrive 15 minutes before the start of the session.

## PERMISSION FORM

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I am the Parent and/or Caregiver of \_\_\_\_\_ and hereby give permission for him/her to participate in Fire Service Training.

**Media Release:** I hereby give my consent for the image and likeness of \_\_\_\_\_, to be videotaped, audiotaped, or photographed for the following uses:

- Educational/Instructional media
- Recruitment/Outreach media
- Development media
- Newsworthy media documentation

I further authorize Limerick Fire Dept. to use this electronic media and/or photographs in any manner – whole or in part. This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions for the production educational, instructional, promotional, or institutional advancement materials that support the educational and outreach activities of Limerick Fire Dept.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs, and I release Limerick Fire Dept. and its component parts from all liability that could result from its use.

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_