

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 _____

How many extra t-shirts? _____ (\$12 per extra shirt to be paid day of camp)

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: _____