



# **Garden Spot Fire Camp**

**Hosted by: Garden Spot Fire Rescue**

**June 14th - June 18th, 2021**

# Garden Spot Fire Camp Application

For Cadets Age 10-14

June 14th - June 18th, 2021  
Monday-Thursday 9am-4pm  
Friday 9am-12pm and an evening banquet

## Camp Orientation Nights:

Sunday May 16, 2021 2:00 PM

Wednesday, May 26, 2021 7:00 PM

**Attendance is required for only 1 of the dates**

Limited Spaces Available!

Registration Fee: \$100

Financial assistance will be available

**Deadline to Apply: Friday, April 30th, 2021**

## **In this camp, you will learn:**

Safety and firefighting gear

CPR

Different types of fire apparatus utilized on the fireground

Water supply

Hose lines

Fire Extinguishers

Ladders

Ropes, knots, and rigging.

And much more!

All registered cadets will receive two Cadet tee shirts and two pairs of Dickie Pants for their daily uniform at camp.

We require closed-toed shoes/sneakers every day. Open-toe shoes and flip flops will **NOT** be permitted.

The camp will go on rain or shine!

## Rules

1. Cadets are not permitted in others' belongings.
2. Cadets are not permitted to have cell phones during modules.
3. Cadets shall follow **ALL** health and safety regulations.
4. Garden Spot Fire Rescue is not responsible for loss, theft, or damage of personal items brought to camp. Please leave all valuable items at home.
5. Cadets shall have closed-toed shoes/sneakers every day. Open-toe shoes and flip flops will **NOT** be permitted.

Any questions or concerns, please contact Cody Straub via email [cbstraub26@gmail.com](mailto:cbstraub26@gmail.com).

## Camp Fee

- Camp fee: \$100 per cadet
- Payment method: cash or check
- Make checks payable to: Garden Spot Fire Rescue
- Financial assistance is available upon request (contact Cody Straub at above contact)

## COVID NOTE

NOTE: We will be following the most current CDC guidelines, including mask wearing and social distancing, to the best of our ability during our camp.

**The following Registration Form, Health History Form, completed Camp Application Short Answer Questions, and Camp Fee must be mailed to, or dropped off in person to Garden Spot Fire Rescue Main Station by April 30th.**

**NOTE: This camp has a limited number of spaces. Only completed applications will be considered for admission to the camp.**

Garden Spot Fire Rescue Main Station  
339 E. Main St.  
New Holland PA, 17557

# **Garden Spot Fire Camp Registration Form**

Cadet's name: \_\_\_\_\_ Cadet's birth date: \_\_\_\_\_

Parent/guardian name(s) \_\_\_\_\_

Home address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cadet's tee shirt: **youth: S** \_\_\_\_, **M** \_\_\_\_, **L** \_\_\_\_, **Adult: S** \_\_\_\_, **M** \_\_\_\_, **L** \_\_\_\_

Extra tee shirts above the 2 provided are available upon request:

# of extra shirts: \_\_\_\_\_ size: \_\_\_\_\_ (additional \$10 per shirt with registration fee)

Pants size: \_\_\_\_\_

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

I, \_\_\_\_\_, hereby certify that I am the legal parent and/or guardian of \_\_\_\_\_, a child under the age of 18. I hereby give permission for him/her to participate in the Garden Spot Fire Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Media Release**

I hereby give my consent for the image and likeness of above-named minor to be videotaped, audiotaped, or photographed for the following uses:

- educational/instructional media
- recruitment/outreach media
- Development media
- Newsworthy media documentation

I further authorize Garden Spot Fire Rescue 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 Garden Spot Fire Rescue.

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

Cadet's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Garden Spot Fire Camp**

## **Health History Form**

**This form MUST be returned with camp registration.** Provide complete information so that the staff can be aware of your child's needs. It is extremely important that we have all necessary medical information concerning your child. This also includes any learning disabilities. All medical information is kept **STRICTLY** confidential.

**Please apply sunscreen to your child daily.** If your child is susceptible to sunburn, please send sunscreen to camp in a Ziploc bag with the child's name on it. Staff members are not permitted to apply lotion to children, but we will remind all cadets to re-apply it.

It is important to remind your child that they need to stay hydrated during the hot weather. Camp staff will have water breaks throughout the day.

No medication is to be sent to camp unless it is a prescription drug for preventive reasons or emergency conditions such as seizures, heart conditions, asthma, bee stings or allergy conditions.

These preventive or emergency medications may be sent to camp if the rules listed below are followed:

1. The medication must have the prescription label on the container.
2. Note from the parent or legal guardian giving approval for the medication to be administered by the camper under staff supervision,
3. For emergency conditions such as bee sting reaction, the site supervisor will call the parents/guardians.

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Medications being taken:

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Allergies: list all known. Medication allergies, food allergies, latex glove, or other allergies - include insect stings, asthma, animal dander, etc:

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Describe reaction and management of the reaction:

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**Important - This section MUST be completed to participate in camp.**

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand Garden Spot Fire Rescue, its Board of Directors, officers, and agents are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends.

This health history is correct and complete as far as i know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/ my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for the person named above.

General questions: (explain "yes answers below.)

	Yes	No
1. Any recent injury, illness, or infectious disease?	—	—
2. Have a chronic or recurring illness/condition?	—	—
3. Wear glasses, contacts, or protective eyewear?	—	—
4. Ever passed out during or after exercise?	—	—
5. Ever been dizzy during or after exercise?	—	—
6. Ever had seizures?	—	—
7. Ever had chest pain during or after exercise?	—	—
8. Ever had back problems?	—	—
9. Have an orthodontic appliance being brought to camp?	—	—
10. Have diabetes?	—	—
11. Have asthma?	—	—

Please explain any "Yes" answers:

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**Signature of**  
**parent/guardian**\_\_\_\_\_

**Date**\_\_\_\_\_

# Emergency Contacts

In case of an emergency during camp, the following people will be contacted, starting with the primary contact's name first.

Primary contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Secondary contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please list adults authorized to pick up cadet after camp sessions.**

**NOTE: All camp sessions will start and end at 339 E Main St. (Main Station)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**I.D. WILL BE REQUESTED AT THE TIME OF PICKUP**



# Application Short Answer Questions

All prospective cadets must complete the following questions. Only handwritten, legible, answers will be accepted.

**NOTE:** This camp has a limited number of spots and the answers submitted will help determine the cadets that are admitted.

1. Why do you want to enroll in our camp?

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2. What things would you like to learn from this camp?

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3. Have you ever enrolled in an emergency service camp or something similar? If so, what type of camp?

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4. What are three things you know about emergency services?

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Cadet Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed applications to Garden Spot Fire Rescue Main Station during normal business hours or any Tuesday night between 6:30-7:00 PM.

Garden Spot Fire Rescue Main Station  
339 E. Main St.  
New Holland PA, 17557

