



*"Greater Love Hath No Man Than This, That A
Man Lay Down His Life For His Friends. '
-St. John 15.-13*

JUNE 2022

TO: RESCUE CAMP FOR KIDS
FROM: DEBBIE RICE
RE: 2022 FIRST RESPONDER VIRGINIA CONFERENCE

Congratulations!!

You have been accepted into the Rescue Camp for Youth courses being offered at the 2022 First Responder Virginia Conference. Our class dates and times are as follows:

THURSDAY	AUGUST 11, 2022	9:00 A.M. – 4:00 P.M.
FRIDAY	AUGUST 12, 2022	9:00 A.M. – 2:00 P.M.

The exact location of our class will be posted at the registration booth; you must register before proceeding to class on the first day. We will contact you closer to the event to advise what you need to bring for your child. We look forward to meeting you and spending a quality, educational fun time together.

YOU MUST SUBMIT PARENTAL CONSENT FORM PRIOR TO ATTENDING CLASS (cannot attend without this)

Please contact the VAVRS Office at 800-833-0602 or 804-749-8191 if you have any questions.

Be safe and we look forward to seeing you in Hampton at the Embassy Suites by Hilton Convention Center.

P.O. Box 279 Oilville, Virginia 23129-0279
(804) 749-8191 (800) 833-0602 FAX (804) 749-8910
Website: www.vavrs.com E-mail: vavrs@vavrs.com



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JUNE 2022

TO: RESCUE CAMP FOR KIDS—Parent or Guardian
FROM: DEBBIE RICE
RE: 2022 FIRST RESPONDER VIRGINIA CONFERENCE

Thank you for allowing your child to participate in the Rescue Camp for Youth.

We hope that it will be an enjoyable, educational, and fun weekend for them.

This year we will plan to have a camp full of activities with a focus on patient care, patient packaging, search and rescue, rappelling and other fun activities.

We are asking that you return the attached requested information as soon as possible, prior to Rescue College. Along with the information sheet, a copy of the appropriate insurance card and the permission slip which is at the bottom of the information form; to have your child treated if necessary, at a hospital or urgent care facility. We do not feel there will be any issues and there have not been with past programs, however, we also realize that anything can transpire.

We look forward to being with this great group of children and again we sincerely appreciate you letting them attend.

We encourage the participants to take pictures with their camera of choice, however, we cannot be responsible for any items brought to class and damaged/lost. In today's world of keeping in touch, we understand that many of our participants bring cell phones with them to class, we would like for you to remind them as we will, that during educational times, they need to keep them in their bags or pockets.

The class is for the students and we encourage you to treat them as you would when sending them to school. We will be happy to let you know when and where we will be located throughout the camp if you would like to drop by and check in, but we have found that some students will not attempt a new task if their parents are "encouraging" them. Our instructor staff and volunteers take pictures of every student throughout the class and we will post them in a shared album for you to view and save for you and your child. As instructors we have the ability in most situations to encourage our students to at least attempt a new task, however, we will not force them to do anything they are uncomfortable with throughout the class.

If you have any questions, please feel free to contact Debbie Rice at (540) 379-7066.

YOU MUST SUBMIT PARENTAL CONSENT FORM PRIOR TO ATTENDING CLASS (cannot attend without this)

Please contact the VAVRS Office at 800-833-0602 or 804-749-8191 if you have any questions.

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**Please return to VAVRS Office no later than
Tuesday July 31, 2022**

PARENTAL CONSENT FORM

NAME: _____
LAST FIRST MIDDLE

SS#: _____

ADDRESS: _____

CITY STATE ZIP CODE

SHIRT SIZE: Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

MEDICATIONS TAKEN BY THE ABOVE NAMED PERSON:

ALLERGIES TO FOOD OR MEDICATIONS, ETC.

MEDICAL HISTORY ON THE ABOVE-NAMED PERSON:

OTHER IF ANY INFORMATION INSTRUCTORS NEED TO KNOW:

INSURANCE INFORMATION COPY OF CARD:

IN CASE OF AN EMERGENCY CONTACT: **WHILE AT THE RESCUE CAMP**

NAME: _____ RELATIONSHIP _____

TELEPHONE: _____

NAME: _____ RELATIONSHIP _____

TELEPHONE: _____

IF MY CHILD SHOULD REQUIRE MEDICAL ATTENTION OR TREATMENT, I GIVE PERMISSION FOR GAIL RICE, DEBBIE RICE or NICOLE RICE (PLEASE WRITE IN A NAME IF THEY WILL BE PRESENT AND AVAILABLE) _____ TO AGREE TO THE NECESSARY TREATMENT FOR MY CHILD IN MY ABSENCE.

PRINT _____ RELATIONSHIP _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ PRINT

WITNESS: _____ SIGNATURE DATE: _____

**Please return to VAVRS Office no
later than July 31, 2022**

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