



Denver Firefighters Museum

The Hottest Place in Town!

1326 Tremont Place

Denver, CO 80204

303-892-1436

Jr. Firefighter Academy Camp Registration

Illness Guidelines and What to Expect

We know that safety is one of the top considerations when choosing camps and classes for your child. In order for all registered campers to have an amazing experience at the Junior Firefighters Academy Camp, please review the following guidelines and what to expect to help us ensure a safe and fun week for everyone.

Illness Guidelines:

Before you arrive:

- Assess your child's health before arriving at camp. This will ensure your child's safety and others attending camp.
- Keep your child home if they are experiencing symptoms of: Fever/chills, cough, shortness of breath, difficulty breathing, muscle aches, sore throat, new loss of taste or smell.

During camp:

- If your child starts feeling ill during camp for any reason, our Education and Outreach Coordinator will contact the emergency contact listed on their registration sheet so that the camper can go home early if necessary.

I have reviewed Jr Firefighter Academy Camp Illness Guidelines

Initial: _____

I agree to follow the steps outlined under "Before you arrive" of checking children's temperature and health screening.

Initial: _____

Guardian Signature: _____ Date: _____

Guardian Print Name: _____

Registration Form

Child Information

Child Name: _____ Pronouns: _____
Grade as of Fall 2025: _____ Age: _____ Birthdate: _____
Address: _____ City: _____
State: _____ ZIP Code: _____

Parent/Guardian Information

1. Name: _____ Relation to Child: _____
Address: _____ City: _____
State: _____ ZIP Code: _____
Home Phone: _____ Mobile: _____ Email: _____

2. Name: _____ Relation to Child: _____
Address: _____ City: _____
State: _____ ZIP Code: _____
Home Phone: _____ Mobile: _____ Email: _____

*Designated Drop-off/Pick-up Adults (list first and last names): (1) _____
(2) _____ (3) _____

*Please note we will only release your child to adults listed here.

Emergency Contact: _____ Relation to Child: _____
Home Phone: _____ Mobile: _____

Is your child(ren) allergic to anything? YES / NO

If yes, please explain: _____

Does your child have any limitations or health concerns that our staff should be aware of, such as ADHD, FAS, Autism, etc.? YES / NO

If yes, please explain: _____

In Case of Emergency

I understand that I will be notified in case of a medical emergency involving my child. In the event I cannot be reached, I authorize the calling of a doctor and the providing of emergency medical services in the event my child is injured or becomes ill.

Parent / Guardian Initials: _____

I understand that Denver Firefighters Museum or its Jr Firefighter Academy Camp will not be responsible for any medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent / Guardian Initials: _____

Photography

This is to inform parents/guardians that during the 4 days of Jr. Firefighters Academy Camp we will have staff and volunteers onsite taking photos of our activities. By registering your child, you are indicating that you understand that your child's photo may be used for our in-house promotional materials and that you are accepting this condition. *

Parent / Guardian Initials: _____

*If for any reason your child cannot be photographed, it is the Parent/Guardian's responsibility to make museum staff aware.

Terms of Agreement

Denver Firefighters Museum, its volunteers and its employees are not responsible for lost or damaged personal property. The museum reserves the right to remove a student/child from the program due to behavioral issues. I understand that no fees will be refunded or transferred. I acknowledge there is an inherent risk to activities during the Jr. Firefighter Academy Camp, and acknowledge Denver Firefighters Museum, and its staff, will not be held responsible for any injuries which may occur. In case of an emergency, I authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and/or Physician). All Scheduled events are subject to change.

By signing below, you are acknowledging that you have been given the opportunity to read and thus agree to the Illness Guidelines, Registration Form, and Terms of Agreement.

Printed Name: _____ Date: _____

Signature: _____ Date: _____