



**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:

- Take your child's temperature prior to bringing them to camp to check for a fever.
- Keep your child home if they are experiencing symptoms of: Fever/chills, cough, congestion, shortness of breath or difficulty breathing, muscle aches, sore throat, new loss of taste or smell, vomiting, diarrhea, or abdominal pain.

During camp:

- If your child starts feeling ill during camp for any reason, our Educator 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: \_\_\_\_\_

Denver Covid-19 information can be found at <https://www.denvergov.org/Government/COVID-19-Information>

# Registration Form

## Child Information

Child Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
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): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Is your child(ren) allergic to anything? YES / NO  
If yes, please explain: \_\_\_\_\_

I understand that I will be notified in the 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 will not be responsible for any medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

**Parent / Guardian Initials:** \_\_\_\_\_

## 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 inherent risk to activities during the Jr. Firefighter Academy, 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 Covid-19 Guidelines, Registration Form, and Terms of Agreement.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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