



# YOUTH FIRE CAMP

## IGNITE YOUR SUMMER...

### Firefighter Summer Camp!

Your local Fire Departments would like to invite you to Youth Fire Camp. This opportunity will give you a firsthand look at the Fire and Emergency Medical Services through hands-on training, classroom activities, and real-life experience into the world of emergency services.

Date: July 8-10, 2022

Time 8:00am - 5:00pm

Age: 14-18 Years Old

Cost: Free of Charge

*Space is Limited!*

### Camp Activities Include:

- Fire Ground Operations (including hose lines, tools, ground ladders, etc)
- SCBA Operations
- Basic Vehicle Extrication
- Fire Behavior and Chemistry
- Ropes & Riggings
- Search & Rescue
- Smoke Maze
- CPR/First Aid Certification
- Team Building!



Experience the feeling of helping your community



Scan QR code or go to [www.minotrural.org](http://www.minotrural.org) to download the brochure and application TODAY!

## **Dear Parent or Guardian,**

Youth Fire Camp is a local camp that is dedicated to exposing school age kids and young adults to what it is like to be a firefighter. This camp is sponsored by the following Fire Departments:

- Minot Rural Fire Department
- Surrey Fire Department
- Des Lacs Fire Department
- Minot City Fire Department
- Burlington Fire Department

This camp is a great opportunity for firefighters to help kids build a sense of teamwork and responsibility. This camp has been designed to be fun, challenging, entertaining and educational; all at the same time. They will have short periods of lectures and lessons each day followed by opportunities to actively participate in exercises designed to reinforce what they have been taught. Their lessons and activities will center on the day and life of a firefighter and fire and life safety issues, but will also branch out to cover CPR, search and rescue and many other interesting topics. Attendees will be divided into teams of four or five, which will operate as a "fire company" for all of their activities. Each child will get the opportunity to be the "company officer". Leadership principles will be taught to each child directly and indirectly.

### **MEDICAL/MEDICATIONS**

We have trained medical personnel for our department at the level of Emergency Medical Technician- Basic up to Paramedic. We will not be able to administer any medication to your child that is not provided by the parent in its original container with dosage specified. Children will not be allowed to keep medication of any type in their possession while performing certain activities. Our medic will administer all medications as needed and as specified on the prescription label. In cases of injury or illness that are serious enough to warrant care under our operational medical director's protocols, your child's status would be changed from "camper" to "patient" and could result in a transport to a hospital emergency room. Every attempt will be made to reach the parent/guardian prior to medical assistance being provided.

### **DRESS CODE**

You should dress your child according to the weather forecast for the day. Long pants are preferred since we will be doing some crawling. Although we do our best to control the temperature in the training room where classes are held, the room at times can be cold. If your child is cold natured, please send a lightweight jacket with them. A camp T-shirt is provided on the first day. Many children will wear the T- shirt on Friday for pictures then again at the closing ceremony on Sunday. Closed-toe shoes and socks are required at all times. In order for any child to attend camp he or she will have to rely on you or another adult for daily transportation. Therefore, there is some time involved on your part.

The hours for camp are as follows:

**FRIDAY- SUNDAY, July 8-10, 2022**

**from 8:00 a.m. to 5:00 p.m.**

***NOTE:** Campers may be dropped off at camp location after 7:30 a.m. and must be picked up by 5:15 p.m.*

Lunch will be provided, but please make sure campers have a good breakfast since we will be doing a lot of physical activity.

On Sunday all parents are invited to attend a cookout followed by a fire ground evolution demonstration, also known as a Firefighter's Rodeo, where the campers will put together all the skills they learned during the camp. This will be followed by a closing ceremony.

On behalf of all participating Fire Departments, we thank you for your interest in the Youth Fire Camp and hope that your child will have a fun and positive learning experience.

## FIRE CAMP APPLICATION 2022

Please fax your completed application to: (701) 838-0676, or Email to [mrfd@srt.com](mailto:mrfd@srt.com) or drop it off at the Minot Rural Fire Department at 400 31<sup>st</sup> Ave SW, Minot, ND 58701 to the attention of Asst. Chief Rob Knuth.

### Registration Deadline: 30 June 2022

Campers Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
NAME TELEPHONE

Email Address: \_\_\_\_\_

Please list all health concerns, limitations or restrictions, and medications for your child:

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Only the following people may pick my child up from Fire Camp: \_\_\_\_\_

### TERMS OF ENROLLMENT

- Campers will adhere to the Department's Rules and Regulations or will be **dismissed without review**.
- Campers should not bring any valuables to the program, including toys, radios, jewelry, money, etc.
- **Cell Phones** are not permitted in camp. A phone is available for necessary calls.
- Fire Camp Organizers are **NOT** responsible for lost items. Staff has been instructed **NOT** to safe keep any camper's possessions.
- Campers should wear **closed-toed sneakers** every day (no sandals).
- Campers should wear **work clothes including jeans** (appropriate for the weather).
- Campers should bring **appropriate clothing to get wet in and bring a towel for the end of every day**.

### T-Shirt Size:

	Youth Medium		Adult Medium
	Youth Large		Adult Large
	Youth X-Large		Adult X-Large

### **EMERGENCY MEDICAL AUTHORIZATION**

As parent or legal guardian of \_\_\_\_\_, I give permission to Minot Rural Fire Department and its employees and volunteers to obtain emergency medical treatment for my child(ren) or the child(ren) over whom I have legal custody, each of whom is listed above.

I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, the county will exercise reasonable judgment in seeking medical treatment for my child.

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

### **MINOR CHILD RELEASE. LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE FIRE CAMP PROGRAM SPONSORED BY MINOT RURAL FIRE DEPARTMENT**

I understand that there are certain risks involved with participating in the activity identified above. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS Minot Rural Fire Department, its Officers, Agents, Volunteers, Assistants, and Employees, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in the Fire Camp and its activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death, or damage is caused by the willful, reckless, or gross negligence of Minot Rural Fire Department, its officers, agents, volunteers, assistants, or employees.

\_\_\_\_\_  
Signature of parent or guardian

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

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Printed name of minor child

### **PHOTOGRAPH RELEASE**

To more effectively promote programs and activities sponsored by Minot Rural Fire Department, the department seeks the permission of program and activity participants to photograph the participants and their child/children/ward(s) participating in this program and activities. Please complete the following section:

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, permit Minot Rural Fire Department to take and use photographs of me and/or my child/children/ward(s) for the purpose of promoting Fire Camp programs and activities. This includes permission to publish photographs of me and/or my child/children/ward(s) for such purpose. I understand that such photographs of me and/or my child/children/ward(s) remain the property of Minot Rural Fire Department.

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

**Health History Form  
Junior Firefighter Camp**

Please return this form with event registration and provide any changes to this form to event health personnel upon participant's arrival. Provide complete information so that the staff can be aware of your needs.

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

Home Address: \_\_\_\_\_

Gender: ☐ Male ☐ Female Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at event: \_\_\_\_\_

**Custodial parent/guardian** \_\_\_\_\_ Phone: \_\_\_\_\_

Home address (if different from above): \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) Work phone ( \_\_\_\_\_ ) Other ( \_\_\_\_\_ )

**Second parent or guardian or emergency contact:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If not available in an emergency, notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Insurance information:**

Is the participant covered by family medical/hospital insurance? ☐ YES ☐ NO

If so, indicate carrier or plan name: \_\_\_\_\_ Group # \_\_\_\_\_

Insurance carrier address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Allergies:** List all known. Describe reaction and management of the reaction.

Medication allergies (list) Food allergies (list) Other allergies (list) include insect stings, hay fever, asthma, etc.

_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Camp Goals**

**LEADERSHIP** - Campers develop leadership skills and receive encouragement from their parents, peers and professionals to become engaged members of their communities.

**TRAINING** - Campers acquire insight and interest in becoming long-term members of the emergency services field.

**COMMITMENT** - Campers gain an increased awareness for volunteering and supporting the fire/emergency services.

**SUPPORT** - Campers become trained junior firefighters who can aid departments in accomplishing non-emergency tasks.

**CAMARADERIE** - Campers make new friends and create peer groups with people from various states, interest areas and backgrounds.

**FUN** - Campers enjoy leisure activities like sports.

### **Learn what it takes to be a firefighter**

Interested in learning more about firefighting and emergency medical services?

Youth Fire Camp provides training from professional and volunteer firefighters in the areas of:

- CPR and First Aid
- Hose line Operations
- Fireground Operations
- Ground Ladders
- Leadership and Team-Building
- Personal Protective Equipment
- Vehicle Extrication and Vehicle Fires
- Ropes and Knots
- Self-Contained Breathing Apparatus

### **Important- This section must be completed for camper to attend:**

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the Minot Rural Fire Department officers, employees, 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 including ordering x-rays or routine tests. 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, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp

Signature of parent: \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in camp of activities

Signature of camper: \_\_\_\_\_ Date \_\_\_\_\_