



CNY YOUTH FIRE/EMS TRAINING WEEKEND – YOUTH APPLICATION

Activity Name: CNY Youth Fire/EMS Training Weekend **Activity Date(s):** July 17-19, 2026

Activity Location: Fairmount Fire Dept. Training Center, 6049 Belle Isle Rd., Syracuse, NY 13209

***Home Fire Department:** _____

Supervising Adult(s) From Home Fire Department: _____

Home Fire Department Point of Contact (POC) Name: _____

POC Contact Information: _____

Are you Registered on Your Home Fire Department's Insurance Policy/VFBL? Yes No

Youth Name: _____ **DOB:** _____ **Age:** _____

Gender: Male Female Other: _____ **T-Shirt Size:** S M L XL XXL XXXL

Parent/Guardian Name: _____

Contact Numbers on Day(s) of Event: _____

Emergency Contact Information

Name of Emergency Contact 1: _____

Contact Number: _____ **Relationship to Youth:** _____

Mailing Address: _____

Name of Emergency Contact 2: _____

Contact Number: _____ **Relationship to Youth:** _____

Mailing Address: _____

Youth Physician Name & Contact Number: _____

Primary Insurance Company/Policy Number: _____

Parent/Guardian & Youth Authorizations and Consents

RELEASE, ASSUMPTION AND ACCEPTANCE OF RISK, WAIVER AND HOLD HARMLESS AGREEMENT – YOUTH IN THE FIRE SERVICE EVENT

In consideration of my entry and participation at the CNY Youth Fire/EMS Training Weekend, held July 17-19, 2026 (hereinafter the "Youth Day Event") offered by the Onondaga County Volunteer Firefighters Association and the Central New York Volunteer Firefighters Association, and sponsored by the Firefighters Association of the State of New York ("FASNY"), I hereby acknowledge and represent as follows:

1. I understand that my participation in some or all of the fire service activities and evolutions, including additional skills that will be taught, may result in injury or damage, which I may receive in the form of personal injuries, death and/or property damage.
2. I am familiar with the goals and purposes, dangers, risks, requirements, rules, practices, systems and objects of the events in which I am participating and have received information concerning these events and have had an opportunity to investigate and observe them.
3. I represent that I am in good physical condition and physically fit and able to participate in these events and that I will not participate while under the influence of drugs or alcohol. I further represent that I obtained the consent of the authority having jurisdiction or other sponsoring entity or agency (i.e. Learning for Life, Fire Department, Fire District, Town, Village) over my home emergency services entity to participate in the Youth Day Event, and that such entity has valid insurance coverage in effect at the time of my participation in the Youth Day Event that insures me against injuries, losses, or damages that I may cause or sustain as a result of my participation in the Youth Day Event.
4. To the fullest extent permitted by law, I hereby assume full responsibility for any injury or damage, including injury, death or property damage, which may occur to me or to others while participating in, or being involved in, the Youth Day Event, including, but not limited to, any claims for personal injury, death or property damage resulting from or arising out of my acts and participation in the Youth Day Event.
5. To the fullest extent permitted by law, I hereby waive any and all claims that I, my heirs, successors, representatives and/or assigns may have by reason of injury, death or property damage sustained by me in my participation in the Youth Day Event, and do hereby release and discharge the Onondaga County Volunteer Firefighters Association, the Central New York Volunteer Firefighters Association, FASNY, and all event hosts and course instructors, as well as the officers, agents, representatives, servants or employees thereof, from any claims for injury or damage against them, or any of them, which I have or may have by reason of my entry and participation in said Youth Day Event.
6. To the fullest extent permitted by law, I hereby hold harmless the Onondaga County Volunteer Firefighters Association, the Central New York Volunteer Firefighters Association, FASNY, and all event hosts and course instructors against all loss, liability, costs, damages, acts or injuries to persons or property occurring as a result of my acts in the Youth Day Event described herein.
7. I consent to the publication and use of my name and likeness for the purpose of promotion, publicity, advertising, or other manner or media by CNYVFA, OCVFA, FASNY and any other representative authorized to act on behalf of any of those groups. Likeness includes, but is not limited to, photographs, sound and/or video recordings, films, broadcasts, brochures, publications, reports, web pages, promotional materials or any other audio-visual, electronic, printed, tangible work in any media or format, and/or reproductions of any of these. To the fullest extent permitted by law, I hereby release and hold harmless FASNY and its employees, agents, affiliates, sponsors, or other representatives from any and all claims, demands, or causes of action arising out of the use of my name and/or likeness.
8. I understand that despite all safety measures put in place for this training, some or all of the fire service activities and evolutions (including, but not limited to, live fire extinguisher operations, ventilation procedures and practice, hydrant operations/water supply, emergency bailout procedures, gross

decontamination procedures, etc.), including additional skills that will be taught, are physical activities, and therefore may pose a risk of personal injury or damage, in the form of personal injuries, property damage, etc.

9. I understand that my participation in any and all of the fire service activities and evolutions (including, but not limited to, live fire extinguisher operations, ventilation procedures and practice, hydrant operations/water supply, emergency bailout procedures, gross decontamination procedures, etc.) offered is entirely voluntary, and I may decline to participate or decline to continue participation at any time, entirely at my discretion (and/or at the discretion of a parent or guardian, if I am under the age of 18).

10. I understand that my participation in some or all of the fire service activities and evolutions offered is not advisable if I currently have any injury or medical condition for which participation would be contraindicated. I hereby represent that I am medically and physically fit to participate in any and all of the fire service activities and evolutions in which I voluntarily participate. I further represent that I have consulted my medical care provider(s), if necessary, to confirm my fitness for participation.

I have read this Release, Assumption and Acceptance of Risk, Waiver and Hold Harmless Agreement and fully understand its terms and sign it after having read and reviewed it, with my signature being freely and voluntarily given.

Participant's Printed Name

Date

Participant's Signature (if over 18 years of age; *see below* if under age 18)

PARENTAL CONSENT FORM FOR PARTICIPANTS UNDER THE AGE OF 18

My son or daughter, whose name is printed above, has my permission to participate in the Youth Day Event described herein, and I hereby agree and consent to his/her participation. To the fullest extent permitted by law, I further agree to all provisions of the Release, Assumption And Acceptance of Risk, Waiver and Hold Harmless Agreement set forth herein on behalf of myself and my son or daughter identified above.

Name of Adult/Parent Or Guardian

Date

Signature of Adult/Parent or Guardian

Address, City, State and Zip Code

Youth Medical History Form

Is your child able to participate in the following types of activities?

Classroom Activities	No	Yes	Needs Modifications: _____
Light Duty	No	Yes	Needs Modifications: _____
Rigorous Activities	No	Yes	Needs Modifications: _____

***Special Medical Alerts:** Please list & describe *all* health and medical issues/needs your child may have.

Glasses, Hearing Aids, or Adaptive Equipment No Yes: _____

Medications No Yes: _____

Inhalers No Yes: _____

Insulin No Yes: _____

Allergies No Yes: _____

Dietary Restrictions No Yes: _____

Medical Conditions No Yes: _____

Special Learning Needs No Yes: _____

Other Please Explain No Yes: _____

**Please allow your child to bring any and all medically necessary equipment and medications with him/her to this activity. Your child should be able to self-administer needed medications/treatments.*

Permission for Provision of Minor Youth Over-the-Counter Medication

The following is a list of non-prescription medications that can be administered according to package directions by the Adult Supervisors/Medical Staff. **Cross out any medications NOT approved.*

Acetaminophen (Tylenol) for fever or pain	Calamine/Caladryl for skin irritations or sunburn
Ibuprofen (Advil, Motrin) for fever or pain	Antifungal creams/sprays for fungal rashes
Bacitracin or Neosporin Ointment to prevent infection	Benadryl for allergic reactions
Hydrocortisone anti-inflammatory rash cream	Antihistamine for seasonal allergies
Visine or Op-Con eye drops for eye relief	Robitussin/Delsym for cough suppression
Tums/Maalox for stomach upset	Other:

(Detach and Keep the Next 3 Pages)

CNY YOUTH FIRE/EMS TRAINING WEEKEND



Helpful Information for Youth & Parents/Guardians

Activity Name: CNY Youth Fire/EMS Training Weekend

Activity Location: Fairmount Fire Department Training Center

6049 Belle Isle Road, Syracuse, NY 13209

Activity Date(s) & Times: July 17, 2026 4:00pm – July 19, 2026 Noon

Event Coordinator: Michelle Williams-Swing, Youth Program Coordinator, OCVFA

Preregistration Required: Yes

Overnight Event? Yes **Participants are allowed to attend all activities even if returning home over night and NOT staying overnight at West Genesee HS!*

Overnight Accommodations for Attendees: West Genesee High School
5201 West Genesee Street,
Camillus, NY, 13031

Participation Fee: This is a *FREE* event for youth thanks to our generous sponsors.

Event Facebook Page: CNY Youth Fire/EMS Training Weekend

Meals Provided? Provided Bring Money (for extra treats/swag at Baseball Game)

Activity Format: Classroom Light Duty Physically Rigorous

Equipment & Gear Needed: Turnout Gear, Face Masks, Helmets, Fire Boots, Gloves, etc.
Weather appropriate clothing, hygiene items, overnight gear

Other Information: Please feel free to contact Michelle Williams-Swing, Event Coordinator, with any questions you may have about overnight accommodations and/or the CNY Youth Fire/EMS Training Event at mpwslp@gmail.com or (315) 572-0377.

CNY Youth Fire/EMS Training Weekend Schedule

Friday 7/17/26 - Fairmount Fire Department Training Center

4:00pm -7:00pm Registration/Sign-In, Dinner, Community Demos (Air-1, Drones, etc.)
7:00pm Announcements, Safety Review, & Battalion Assignments
7:15 Team Building Activities: Relay Games – Rick Nemier & Mike Block
9:00pm Transportation to WGCSD HS & Personal Time or Home
10:00pm Personal Time & Lights Out

Saturday 7/18/26 - Fairmount Fire Department Training Center

6:00am Personal Time & Prep for the Day
7:30am Board Bus for Transport to Fairmount Training Center
8:00am Breakfast
9:00am Training Session 1
9:45am *Break*
10:00am Training Session 2
10:45am *Break*
11:00am Training Session 3
11:45am *Lunch & Mid-Day Announcements*
1:00pm Training Session 4
1:45pm *Break*
2:00pm Training Session 5
2:45pm *Break*
3:00pm Training Session 6
3:45pm *Break*
4:00pm Debriefing Session & Afternoon Announcements
4:30pm *Break*
5:00pm Dinner
6:00pm Push-Ball Games
9:00pm Transportation to WGCSD HS & Personal Time or Home
10:00pm Personal Time & Lights Out

Sunday 7/19/26 - Fairmount Training Center *Wear Your Black Event t-Shirts!!

6:00am Personal Time & Prep for the Day
7:30am Board Bus for Transport to the Fairmount Training Center
8:00am Breakfast
9:00am Youth T: "Effectively Cleaning Your Fire Gear" – Jon Barrett
9:00am Adults: "Improving Your Department's Youth Program"- Gerard Presta
10:00am Graduation Ceremony/Reception
11:30am Conclusion of Event/Sign-Out **or** Travel to Baseball Game
12:30 pm Tailgate Lunch at NBT Bank Stadium
1:30pm Syracuse Baseball Game for First Responders
4:00pm End of Baseball Game/Sign-Out or Return to Training Center
5:00 pm End of Event/Sign-Out

Please mail completed applications to:

Michelle Williams-Swing
2343 Rose Hill Road
Marietta, NY 13110

or

email to mpwslp@gmail.com

*In order to ensure correct t-shirt size, applications
must be received by June 30, 2026!*

(Maximum Youth Enrollment is 100 so submit your application early!)