

ALL EMS & EXTRICATION

(Emergency Medical Services)

Girls' Future Firefighter Camp

Presenting young ladies ages 13-18 with a pathway to a career in
Public Safety

July 18, July 19, and July 20, 2025

"It is so important to give back to the community. The idea that women are not capable of long-lasting careers in the fire service, or any public safety career, is just not true! It is my hope that as we build confidence in these young ladies, we take them by the hand and show them that they can be leaders in their homes, schools, and careers. This camp was created to remove the myths about what we do as firefighters as well as open their eyes to a bright future. I must let these girls know that they are strong, confident, and brave, and yes, they can be ANYTHING they want to be!"

Chief Shelly Carter, Executive Director.

Girls' Future Firefighter Camp will recreate the day in the life of a **firefighter**. Students will be CPR and AED certified! Physical Training, Ropes and Knots, Law Enforcement knowledge, Arson Investigation and Code Enforcement, Report- Writing, Emergency Management, and Physical Fitness will be taught at this year's camp... just to name a few!

Who We Are

* Girl's Future Firefighter Camp was established in 2015. We are proud to be back this year with much more to offer the girls. We have collaborated with **First Approach EMS** and their training instructors to expand our hands-on training with real-life-saving equipment.

* Girl's Future Firefighter Camp is comprised of AMAZING women and a few AMAZING men who are currently working or retired from the fire service and other public safety careers.

* We stand united by the belief that these young ladies will receive guidance from highly trained and certified instructors at camp. We believe that the seed we plant in them during their camp experience will grow into awesome careers and futures, not just for themselves but for other young ladies to come. This training from our instructors and parental intervention can greatly improve student achievement and the community's quality of life while building self-pride and confidence!

Girl's Future Firefighter Camp

WHEN:

Friday, July 18th – 8-4 p.m.

Saturday, July 19th – 8-4 p.m.

Sunday, July 20th – 8-12 p.m.

Graduation, 1:30 p.m.

WHERE:

- First Approach EMS

2 Craftsman Road, E. Windsor, CT 06088 from 8-4p

TRANSPORTATION WILL BE PROVIDED FROM HAMDEN, CT ONLY

Contact information:

Chief Shelly Carter (860)833-1653

girlsfuturefirefightercamp@gmail.com

Check us out! Facebook: Girl's Future Firefighter Camp

GIRL'S FUTURE FIREFIGHTER CAMP

PERMISSION TO ATTEND, ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE OF LIABILITY

I, _____, (parent/guardian) allow my daughter,
_____, (student's name) to attend and
participate in the Girl's Future Firefighter Camp on [July 18, 19 & 20, 2025](#).

Destination/Detailed Description of Activity and Purpose: Location: [First Approach EMS, 2 Craftsman Road, E. Windsor, CT](#). Instructors will be GFFC Board Members, [First Approach EMS](#) staff, along with uniformed members from various Fire Departments, and community volunteers. Training exercises will focus on the following skills: Fire Inspection, Fire Investigation scenarios, Team Building, Leadership, Ropes and Knots, Physical Fitness, CRP/AED Certification, and Public Speaking. The camp aims to introduce girls to a fire and emergency services career while focusing on character and self-confidence. Please be advised that transportation from Hamden, CT, *only*, will be provided by the camp.

Student Agreement:

While participating in GFFC, I will accept responsibility for maintaining good conduct and appearance and will always follow directions.

Student's Signature: _____ Date: _____

Girl's Future Firefighter Camp

PARENT PERMISSION AND RELEASE OF LIABILITY

This is to certify that I authorize the Camp Commander or a designated representative of the GFFC to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in the Camp. I understand that while the safety of my child is a high priority for the GFFC, the GFFC will not be responsible for medical costs associated with injury to my child. I am aware that accidents resulting in personal injury and property damage sometimes occur during participation in the activities described above and particularly can occur while my child is participating in any of the hands-on training exercises described above. In consideration for my child's participation in the Camp, I expressly hold harmless from and waive against the Girl's Future Fire Fighter Camp, [First Approach EMS and Instructors](#), GFFC Board Members, Instructors, and volunteers, any and all claims for medical expenses, loss of services, injury to person or property, death, or other claims, actions, or liabilities made on behalf of my child, regardless of the cause of such claims, actions, or liabilities or any concurrent or contributing fault or negligence of GFFC, [First Approach EMS](#), or its representatives as such may result from my child's participation in the Camp.

In further consideration for my child's participation in the above-described Camp, I also agree to indemnify and hold harmless the GFFC, [First Approach EMS](#), GFFC Board Members, Instructors, and volunteers against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs, made by third parties against GFFC or its representatives which may result from my child's participation in the Camp. I understand that the GFFC, [First Approach EMS](#), GFFC Board Members, Instructors, and volunteers are not waiving any sovereign or governmental immunity which it or they have under Connecticut law. I have read and understand this release and signed it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian_____

Printed Name of Parent/Guardian_____

Daytime Number_____ Evening

or Emergency Number_____

Date Signed_____

Girl's Future Firefighter Camp

THE STATE OF CONNECTICUT

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND _____ day of
SEAL OF OFFICE, this

_____ A.D.21

Notary Public for the State of Connecticut

My Commission Expires: _____

Girl's Future Firefighter Camp

MODEL RELEASE

I, _____, do hereby give Girl's Future Firefighter Camp, their assigns, licensees, and legal representatives the in-evocable right to use my name, picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. I have read this release and am fully familiar with its contents.

Participant Signature _____

Parent signature (if under 18 years of age) _____

Home Address _____

Date _____, 20____

Girl's Future Firefighter Camp

Demographic Information Form

Last Name:

First Name:

Home Address:_____

City:_____State:_____Zip Code:_____

Home Phone:_____Cell Phone:_____

E-mail Address_____

High School: _____

Date of Birth: _____

Driver License # _____

State Issued: _____

Personal Reference #1

Name:_____

Address:_____

Phone:_____

Personal Reference #2

Name:_____

Address:_____

Phone:_____

Emergency Contact Information Emergency Contact Name:_____

Relationship:_____

Emergency Contact Phone: _____

How did you hear about the GFFC?

School ☐ **Social Media** ☐ **Word of Mouth** ☐ **Other:**

In your own words, tell us why you want to participate in the GFFC:

Do you have any limitations that would limit the activities in which you can participate at the Camp? Yes ☐ No ☐ If yes, please explain:

Parent/Guardian Print Name

Student Print Name

Parent/Guardian Signature

Student Signature

Please submit to:

Chief Shelly Carter

Email: girlsfuturefirefightercamp@gmail.com

For any questions or concerns, please contact Chief Shelly Carter at 860-833-1653

Health Services

Form

Student Name: _____

Will your child require the administration of any medication or medical procedure while at the Camp? **Yes** ☐ **No** ☐

If yes, please indicate the medication(s) and /or procedure(s) with times for administration:

Medication:

Procedure:

Please give additional information/instructions needed:

Health Services Form Over-the-Counter Medications:

My child has permission to take over-the-counter medications in case of accident or injury.

Please circle all that your child has permission to take:

Tylenol Acetaminophen	Sudafed/Decongestant	Pepto Bismol/Tums/Antacid
Benadryl/Antihistamine	Ibuprofen (pain /swelling)	Imodium (anti-diarrhea)
Skin Ointments (rash, antibacterial)		

Special considerations or notes regarding over-the-counter medications:

Does your child have a special medical or dietary regimen to follow? **Yes** ☐ **No** ☐

If yes, please explain:

Please list other information not covered in this form that is important for advisors of the camp should know:
