



4th Annual YOUTH DAY

At the 2012 Convention

For Explorers, Juniors and RAMS, ages 14 to 19
Presented by the FASNY Youth in the Fire Service Committee

Thursday, August 16th, 2012



7:45 a.m. to 8:30 a.m. (Promptness is appreciated)
Registration and complimentary continental breakfast:
Syracuse Fire Dept Training Facility
312 State Fair Blvd (off West Genesee)
Syracuse, NY 13204-1139.

9:00 a.m. to 12:40 p.m.
Fire service activities and evolutions
NFPA compliant turnout gear, SCBA equipment and safety glass/goggles are required.

**New York State and
Syracuse Fire Department Instructors
available to run evolutions:**

- Roof Ventilation
- 2nd Floor Window Bailout
- Firefighter Maze
- Standpipe Operations
- Additional skills will be taught as well

12:50 p.m. to 1:50 p.m.
Lunch provided. Certificates awarded.

2:00 p.m. to 5:00 p.m.
Groups travel to Holiday Inn (Convention headquarters)
in Liverpool for Chief Rick Lasky's presentation:
"Pride and Ownership: The Love for the Job"

Registration deadline: August 1st, 2012



Youth Day 2012 Registration Form

Each participant must complete a registration form. Please make copies if necessary.

Thursday, August 16th, 2012

7:45 a.m. - 2:00 p.m.

Syracuse Fire Dept Training Facility

Includes live, hands-on evolutions such as roof ventilation, 2nd floor window bailout, firefighter maze, and standpipe operations. Each participant will be required to provide NFPA compliant turnout gear, SCBA equipment and safety glass/goggles. Advisors should provide basic SCBA training to their participants prior to arrival as well. Three credit hours (CME's) will be awarded for completion of day.

Please print your information in the space below:

Youth Name _____

Shirt Size (please select one; sizes are adult) Small Medium Large Extra Large

Birth Month and Year _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Cell Phone (_____) _____

Email _____

Parent or Guardian Name _____

Address (If different from applicant's) _____

City _____ State _____ Zip _____

Telephone (_____) _____ Cell Phone (_____) _____

Email _____

I give my permission as follows:

- My son/daughter has my permission to participate in the aforesaid training without any restrictions or limitations.
- My son/daughter has my permission to participate in the aforesaid training with the following restrictions and/or limitations. (PLEASE EXPLAIN)

I _____ (Name) being an adult (the parent or guardian of _____ (Strike One) _____ (Name), a minor)

HEREBY CONSENT to the use of the name, portrait, picture or voice of _____ (Name), by the Firemen's Association of the

State of New York, or its duly authorized agent, for advertising purposes and/or purposes of trade. I agree that the work product, tangible or intangible, is and shall continue to be the property of the Firemen's Association of the State of New York and that I or my infant or ward, shall not be compensated for the use of that name, portrait, picture or voice. It is understood that this consent is given in contemplation of and in accordance with NY Civil Rights Law Section 50 and 51 and any other law applicable thereto.

Witness _____ Name of Adult _____

Parent or Guardian

Address _____

Consent is Denied _____ Date _____

Emergency Contact: In the case of an emergency, every effort will be made to contact me. If I cannot be reached, you may contact the person listed below.

Name _____ Phone (_____) _____ Relationship _____

An advisor must be present with all participants and must provide appropriate medical authorization forms for each participant. (Medical forms are available through your fire department.)

In the event I cannot be reached, I hereby give permission to the licensed health-care practitioner selected by the adult leader in charge of my post/department to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medications for my child.

Signature _____ Date _____

Fire Department/Youth Fire Organization _____
Address _____
Post/Department Advisor in Attendance _____ Cell Phone _____
Advisor Shirt Size (please select one) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> 2XL
<input type="checkbox"/> Attending Chief Rick Lasky's presentation, "Pride and Ownership: The Love for the Job," afterwards at Holiday Inn (Convention headquarters)

Completed forms may be faxed or mailed to the FASNY office:
 107 Washington Avenue
 Albany, NY 12210-2269
 Ph (518) 434-0987 • Fx (518) 426-0139
Space is limited. Pre-registration is required.
Registration deadline: August 1st, 2012
 For more information, please visit www.fasny.com.

RELEASE, ASSUMPTION AND ACCEPTANCE OF RISK, WAIVER AND HOLDHARMLESS

All participants and advisors need to complete the attached waiver

IN CONSIDERATION of my entry and participation at the 4th Annual Youth Day, held August 16, 2012, at Syracuse Fire Department Training Facility, Syracuse, New York, sponsored by the Firemen’s Association of the State of New York and other entities, without fee or compensation to the Firemen’s Association of the State of New York, Onondaga County Volunteer Firemen’s Convention Committee, Onondaga County and the State of New York, I hereby acknowledge and represent as follows:

1. I understand that my participation in some or all of the fire service activities and evolutions, consisting of events generally known as “Roof Ventilation”, “2nd Floor Window Bailout”, “Firefighter Maze”, “Standpipe Operations” 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.

4. I hereby assume full responsibility for any injury or damage, including injury, death or property damage, which may occur to me or others while participating in, or being involved in, the 4th Annual Youth Day, including, but not necessarily limited to, any claims for personal injury, death or property damage resulting from or arising out of my acts or the acts of the Firemen’s Association of the State of New York, or the officers, agents, representatives, servants or employees of the Firemen’s Association of the State of New York, Onondaga County Volunteer Firemen’s Convention Committee, Onondaga County and the State of New York.

5. 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 and do hereby release and discharge the Firemen’s Association of the State of New York, Onondaga County Volunteer Firemen’s Convention Committee, Onondaga County and the State of New York and 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 4th Annual Youth Day and for any improper or negligent acts in the conduct of the games.

6. I also do hereby indemnify and hold harmless the Firemen’s Association of the State of New York, Onondaga County Volunteer Firemen’s Convention Committee, Onondaga County and the State of New York against all loss, liability, cost, damage, act or injury to persons or property occurring as a result of my acts in the 4th Annual Youth Day herein. **Participants under the age of 18 must have parent or legal guardian’s signature on reverse side of this form.**

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

Participant’s Signature (over 18 years of age)

Date

Print Name

UNDER AGE 18 PARTICIPANTS SEE REVERSE SIDE

UNDER AGE 18 PARTICIPANTS:

My son/daughter, namely: _____
on the activity named above has my permission and I agree to his/her participation and waive all claims against the directors, officers, agents and representative of the Firemen's Association of the State of New York, Onondaga County Volunteer Firemen's Convention Committee, Onondaga County and the State of New York.

I _____ being (an adult/parent or guardian of _____, a minor)
(Name) (Strike One)

HEREBY CONSENT to the use of the name, portrait, picture, voice, photograph, film, video tapes, electronic representations and/or sound recordings of _____ by the Firemen's
(Minor Name)

Association of the State of New York, Onondaga County Volunteer Firemen's Convention Committee, Onondaga County and the State of New York or its duly authorized agent, for advertising purposes and/or purposes of trade or any other purpose. I agree that the work product, tangible or intangible, is and shall continue to be the property of the Firemen's Association of the State of New York, Onondaga County Volunteer Firemen's Convention Committee, Onondaga County and the State of New York and that I or my infant or ward, shall not be compensated for the use of that name, portrait, picture, voice, photograph, film, video tape, electronic representations and/or sound recordings of _____.

(Minor Name) It is understood that this consent is given in contemplation of and in accordance with NY Civil Rights Law Sections 50 and 51 and any other law applicable thereto.

I hereby release the Firemen's Association of the State of New York, Onondaga County Volunteer Firemen's Convention Committee, Onondaga County and the State of New York from any and all liability from such use, publication or transmission.

NAME OF ADULT/PARENT OR GUARDIAN WITNESS

SIGNATURE OF ADULT/PARENT OR GUARDIAN

DATE

ADDRESS