



# YOUTH DAY 2009 REGISTRATION FORM

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

**Wednesday, August 19th, 2009**

8:00 A.M. to 12:30 P.M.

Frontier Fire Department in Niagara Falls

Includes live, hands-on evolutions in SCBA training, fire extinguisher training and a technical rescue (rappelling/hoisting) demonstration. Each participant will be required to provide turnout gear, and it is strongly recommended that the participant also provide SCBA gear.

Youth Name \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**Emergency Contact**

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 \_\_\_\_\_

Explorer Post \_\_\_\_\_

Post/Department Advisor in Attendance \_\_\_\_\_

Telephone \_\_\_\_\_

Fire Department \_\_\_\_\_

Fire Chief Name \_\_\_\_\_

Telephone \_\_\_\_\_