

HOPE VALLEY-WYOMING FIRE DEPARTMENT

presents

First Responder Education Days



**A two day camp
giving children from ages 10-13 a look
at what it takes to be a local first responder.**

2014 APPLICATION PACKET

401-539-2229
[www.hvwfd.org/content/kids/
camp@hvwfd.org](http://www.hvwfd.org/content/kids/camp@hvwfd.org)

Dear Parent or Guardian,

First Responder Education Days is a local, co-ed, day camp that runs April 26th to April 27th. The camp is dedicated to exposing school age kids to what it is like to be a first responder in the community. First Responder Education Days is also great opportunity for our firefighters to help kids build a sense of teamwork and responsibility. We accept applications from children that are 10, 11, 12, 13 years of age.

First Responder Education Days is designed to be fun, challenging, entertaining, and educational; all at the same time. We want the children to learn safety lessons about things they encounter everyday around their homes and schools. They will have short periods of lectures and lessons to endure 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 safety but will branch out to learn basic first aid, water safety, search and rescue and many other interesting topics.

The following is a brief overview on how the camp will be run.

MEDICAL/MEDICATIONS

We have trained medical personnel for our Department at the level of Emergency Medical Technician. We will not be able to administer any medication to your child that is not provided by the parent except in cases of injury or illness that are serious enough to warrant under our operational medical director's protocols. In such cases, 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 parent/Guardian prior to medical assistance being provided. Children will not be allowed to keep medication of any type in their possession. Our medic will administer all medications as needed and as is specified on the prescription label.

DRESS CODE

You should dress your child according to the weather forecast for the day. We encourage campers to dress comfortably as they will be taking part in numerous physical activities all day long. Closed toe shoes and socks will be required at all times. We also suggest that they wear something that can get wet. Your child is more than welcome to bring a change of clothes.

GENERAL RULES

Your child will not have access to a cell phone during camp except at lunch time. **Cell phones are a distraction and we need to have your child's undivided attention at all times due to the serious nature of the camp.**

Your child is expected to listen and follow all orders by the camp counselors. Safety is our number one priority during this camp and it is essential that your child have respect for our counselors.

Please have your child bring a bagged lunch. Water bottles will be provided for the campers.

SCHEDULE

The hours for camp are as follows: SATURDAY and SUNDAY from 10A.M. to 3P.M. Here is a brief overview of what the schedule will look like for the weekend.

Day 1:

- Types of Fires
- Types of Trucks
- Fire Safety
- Water Safety
- Search for Victims
- Go over Fire Trucks
- Bucket Brigade
- SCBA

Day 2:

- Car Accident Scene
- Police
- CPR
- First Aid
- Knot Tying

On behalf of the Hope Valley-Wyoming Fire Department, we thank you for your interest in the First Responder Education Days. Please keep a look out for more information concerning our week long firefighting camp coming up this summer.

To Apply:

Camp Registration Fee is \$30.00 - Complete the application below by: April 12th, 2014

*This fee includes a t-shirt for your child. Refunds will be given in the event of the cancellation of camp or your child becomes ill/injured the week prior to camp with a note from a doctor.

Mail to or drop off the application & Fee:

Hope Valley-Wyoming Fire Department
Att. First Responder Education Days
PO BOX 25
Hope Valley, RI 02832

Checks are made out to: Hope Valley-Wyoming Fire Company

CAMP APPLICATION

CHILD'S NAME: _____

BIRTHDATE: _____ AGE AS OF APRIL 26: _____

MALE/FEMALE (please circle)

CHILD'S HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHILD'S HOME PHONE: _____

MOTHER'S NAME: _____

CELL PHONE: _____ WORK PHONE: _____

FATHER'S NAME: _____

CELL PHONE: _____ WORK PHONE: _____

CHILD'S SHIRT SIZE (youth sizes XS - XXL): _____

Parent/Guardian Signature: _____

Printed Signature: _____

RELEASE AND WAIVER

PARTICIPANT'S NAME: _____

BIRTHDAY: _____ AGE: _____ SEX: _____

PROGRAM NAME: HVWFD First Responder Education Days

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

SCHOOL: _____ GRADE: _____

MOTHERS NAME: _____

WORK/CELL: _____

FATHERS NAME: _____

WORK/CELL PHONE: _____

Release and Waiver: In consideration of being permitted to participate in any way at the HVWFD First Responder Education Days, I, _____ (Name of Parent) for myself, my heirs, personal representatives or assigns, and on behalf of _____ (Name of Child), do hereby release, waive, and forever discharge the Hope Valley-Wyoming Fire Department and it's volunteers for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me or my child arising from participation in the HVWFD First Responder Education Days.

Indemnification: I shall indemnify and hold harmless the Hope Valley-Wyoming Fire Department and it's volunteers from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my child, or other members of my family during the participation in the HVWFD First Responder Education Days.

If immediate contact cannot be made for any emergency medical care, we authorize and consent to such emergency medical care and treatment prescribed by a fire medic or duly licensed physician as the physician deem advisable, and the undersigned will be responsible for any such medical care or treatment rendered.

DATE: _____ PARENT/GUARDIAN: _____

EMERGENCY CONTACT INFORMATION

In case of any emergency, and we cannot contact you, please list two people other than yourself that we may contact.

Name: _____ Phone/Cell: _____

Name: _____ Phone/Cell: _____

The local hospitals require the following information to treat your child in case of emergency:

Insurance Co. _____

Policy #: _____ Name of Insured: _____

Name of family physician/pediatrician: _____

Phone: _____

Any Allergies? (includes food and medication allergies) If yes, please list:

Any recent illnesses? Please explain:

Current Medications?

Any Other Concerns:

PICK UP/DROP OFF

List two (2) individuals that have permission to pick up your child.

Name: _____ Relation to Child: _____

Address: _____

Phone: _____

Name: _____ Relation to Child: _____

Address: _____

Phone: _____

**NOTE: If your child is to be picked up by a person other than anyone listed above,
we MUST have signed written instructions from the parent/guardian.
ANY person picking up a child MUST have a valid photo ID.**

CODE OF CONDUCT

First Responder Education Days provides campers with a rare opportunity to enter the world of First Responders. This includes exposure to equipment and other property that are generally off-limits to the public and which must be treated with care, both for the safety of the user and other campers, staff and public, and to maintain the integrity of the equipment.

As a participant in First Responder Education Days, I agree to abide by the following rules of conduct:

1. I will abide by the rules communicated by Camp staff, verbally and in writing and abide by any posted rules on town property.
2. I will participate in all activities, as directed by Camp staff, which may include alternate activities if I am not able to safely complete the scheduled activities.
3. I will maintain a positive attitude and engage in positive communications throughout the week of Camp.
4. I will respect and support my teammates, fellow campers, and staff at all times.
5. I will care for all equipment and property used in camp as directed by staff and will treat all HVVFD property with respect.
6. I will refrain from engaging in behavior which may result in injury to myself or others.
7. I will engage in Camp activities only when Camp staff members are actively supervising the activities.
8. I will abide by all laws and refrain from bringing into camp or using in camp, any substances that are illegal for adults and/or minors.
9. I will report to a Camp staff member any behavior or activity I am aware of or believe will take place which compromises the welfare of people or property.
10. I will let a Camp staff person know if I am encountering any problems which could compromise my following any of the above rules.

I have read and understand the above Code of Conduct and understand that if I do not live up to these conditions, I will receive counseling and/or be sent home.

Camper Name (printed): _____

Camper Signature: _____ Date: _____

I have reviewed the above Code of Conduct and agree with the rules.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Media/Photo Release Authorization

As a parent of a child enrolled in the HVWFD First Responder Education Days, I understand and agree to the following conditions:

1. Members of various news media outlets may be on site at our camp from time to time for the purpose of recording and reporting to the general public on the success of our program. This may include newspaper, radio, and television.
2. The Department will be taking photographs during the week, which may be used on our official Department Website or other promotional outlets.
3. Participants under the age of 18 will only be identified to the media and general public by their first names unless direct contact has been made with the parent at the time of the event.

Parent's Signature: _____ Date: _____