



**PHILADELPHIA FIRE DEPARTMENT  
PROUDLY PRESENTS  
THE FIRST ANNUAL LIEUTENANT JOYCE M. CRAIG MEMORIAL  
COED FIRE SAFETY  
SUMMER CAMP**



**Activities include:**

- Breakfast & Lunch
- Emergency Medical Services First Aid & CPR Training
- Wearing & Trying Out Firefighting Gear
- Guest Speakers
- Excursions to Fire Museum, Fire Academy, Marine Unit
- Prizes & Awards

**When: Week of August 21 through August 25**

**Time: 9:00 AM to 3:00 PM**

**Where: Hunting Park Recreation Center**

**1101 Hunting Park Ave., Phila., PA 19140**

**Ages: 14 through 18**

**JOIN US FOR A FUN-FILLED WEEK!**

Space is limited. Visit [www.phila.gov/fire](http://www.phila.gov/fire) for an application.

Transportation will be provided.

Location and time of drop off/pick up to be determined.

For more information:

**FIRE PREVENTION DIVISION (215) 686-1382**

**Email: [Kwaja.Matthews@Phila.gov](mailto:Kwaja.Matthews@Phila.gov)**

**PHILADELPHIA FIRE DEPARTMENT**

**WAIVER OF LIABILITY**

I, \_\_\_\_\_ for and in consideration of being permitted to attend training at the Philadelphia Fire Academy, for and on behalf of myself, my personal representative, executors, administrators, heirs and assigns, do hereby remise, release and forward discharge the City of Philadelphia, its agents, servants and/or employees from any and all claims and/or liability accrued and hereafter to accrue on account of and from all, and all manner, actions and causes of action, claims and demands whatsoever in law or equity resulting from any property damage and/or personal injury or death which may occur during the period of time which I am involved in training at the Philadelphia Fire Academy.

\_\_\_\_\_  
Full Name (please print)

\_\_\_\_\_  
Address (please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Social Security # or Driver's License #

I am agreeing to and signing this Waiver of Liability only after the details and potential risks of this training program have been explained to me and I have been given the opportunity to ask any questions concerning this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date(s)

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

\_\_\_\_\_  
Full Name (please print)

\_\_\_\_\_  
Address (please print)

\_\_\_\_\_  
Phone #

**WITNESSED BY:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Rank



# PHILADELPHIA DEPARTMENT OF RECREATION PARTICIPATION REGISTRATION/WAIVER



Facility: \_\_\_\_\_ District: \_\_\_\_\_ Program: \_\_\_\_\_

## Personal Information

## Season/Year:

Participant's First & Last Name:		Age:	DOB:
Residential Address:		City:	Zip:
Sex: Male Female	Race:		
School		Grade:	
Participant's Home Phone:		Participant's Cell Phone:	

## Parent/Guardian Information

First & Last Name:	
Relationship:	Email Address:
Address (if different)	
Home Phone:	Cell Phone:
First & Last Name:	
Relationship:	Email Address:
Address (if different)	
Home Phone:	Cell Phone:

## Emergency Information

Name:	
Relationship:	
Home Phone:	Cell Phone:
Name:	
Relationship:	
Home Phone:	Cell Phone:

## Medical Information

Any Medical conditions we should be aware of? Allergies? Asthma? (please list)
This individual is free of infectious disease, is up to date on all immunizations, and is able to participate in recreation activities (w/limitations/restrictions listed) <input type="checkbox"/> YES <input type="checkbox"/> NO

## Medical Information

Physician's Name:	Phone:	
Medical Coverage:	Preferred Hospital:	
Limitations/Restrictions(activity or diet)		
Is participant taking medication we should be aware of: (circle) YES NO		
Medication:	Dosage	Time
Medication:	Dosage	Time

## Emergency Clause

In the event I cannot be reached in an emergency, I here by give my permission to employees of the <b>Philadelphia Recreation Department</b> to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.	
Signature of Responsible party	
Relationship:	Date:

**OVER--**

How did you hear about our program?  Friend  Newspaper  Internet  Other

Have you ever registered in any of our programs before? (If so, what programs, check all that apply)

Athletic  Cultural  After School  Summer Camp  Other

**MEDIA RELEASE**

I HEREBY GRANT PERMISSION TO RECORD MY CHILD'S/WARD'S LIKENESS AND/OR VOICE FOR USE BY TELEVISION, FILMS, RADIO OR PRINTED MEDIA TO FURTHER THE AIMS OF **THE PHILADELPHIA RECREATION DEPARTMENT** IN RELATED CAMPAIGNS AND MAGAZINE ARTICLES, BOOKLETS, POSTERS AND IN ANY OTHER WAYS THEY MAY SEE FIT.

Signature of Responsible Party	Relationship	Date
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**PARTICIPANT'S SHIRT SIZE** (check one box)

Child's Small	Child's Medium	Child's Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Other
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**Check One : Week of 08/14/17** **GIRL'S SUMMER CAMP**

**Week of 08/21/17** **COED SUMMER CAMP**

My Child will attend the program:  M  T  W  Th  F

The time my child will be picked up: \_\_\_\_\_ My child may walk home or be dismissed at: \_\_\_\_\_

**THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD AT THE SITE:**

(PHOTO ID WILL BE REQUIRED)

<b>Name</b>	<b>Relationship</b>	<b>Phone #:</b>
<b>Name</b>	<b>Relationship</b>	<b>Phone #:</b>
<b>Name</b>	<b>Relationship</b>	<b>Phone #:</b>

**BEHAVIORAL PROBLEMS**

Identify any behavior problems and how to deal with them

**TRIPS**

**Permission Consent Form/Waiver:** My child has permission to participate in the above activity and to be escorted, under proper adult supervision, away from \_\_\_\_\_ (facility) to participate in activities associated with the event of which I have registered. I do not hold \_\_\_\_\_ (facility) and program staff responsible for any accident or illness that might occur while my child is involved in scheduled activities. I request that the adult in charge seek or administer proper medical attention if necessary. Participants should have a recent medical examination certifying that his/her physical activity need not be limited. Participants assume any and all risks associated with the activity including, but not limited to falls, contact with other participants, heat or humidity and condition of fields, all such risks being known and appreciated by me. I hereby release the City of Philadelphia, Department of Recreation, all sponsors, agents, volunteers and anyone acting on their behalf for any and all claims of liability.

Signature of Parent/Guardian	Date	Parent's E-mail Address
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THE PHILADELPHIA RECREATION DEPARTMENT ASSURES THAT ALL FACILITIES AND SERVICES ARE AVAILABLE FOR PUBLIC USE WITHOUT REGARD TO RACE, COLOR, RELIGION, ANCESTRY, SEX, AGE, PHYSICAL HANDICAP, NATIONAL ORIGIN, SEXUAL OR AFFECTIONAL PREFERENCE OF MARITAL STATUS. IF ANYONE BELIEVES HE OR SHE HAS BEEN SUBJECT TO DISCRIMINATION ON THESE BASES, HE/SHE MAY FILE A COMPLAINT ALLEGING DISCRIMINATION WITH EITHER THE PHILADELPHIA RECREATION DEPARTMENT OR THE OFFICE FOR EQUAL OPPORTUNITY, U.S. DEPARTMENT OF INTERIOR, WASHINGTON, D.C. 20240.

**PLEASE MAIL COMPLETED FORM TO:**  
**PFD / LT. KWAJA MATTHEWS**  
**240 SPRING GARDEN ST., PHILA., PA 19123**