

Glenham Fire District Junior Fire Academy Summer Camp

Dear Parent or Guardian,

The Glenham Fire District Junior Fire Academy is a free week-long summer camp for school-aged children (grades 3 - 10) interested in joining the fire service one day. This camp is a great opportunity for kids to build a sense of teamwork and responsibility by working with their local firefighters. We accept applications for the Junior Fire Academy from children who are going into grades 3 - 10 for the 2026-2027 school year.

This camp is designed to be fun, challenging, entertaining, and educational. We want the children to learn safety lessons about things around their homes and schools that they encounter every day. They will have short periods of lectures and lessons each day followed by opportunities to actively participate in exercises designed to reinforce what they have been taught. Camp activities will focus on what it's like to be a firefighter as well as other fire/life safety topics like search and rescue, fire extinguishers, and first aid. Attendees will be divided into teams, which will operate as a "fire company" for all of their activities. Each child will get the opportunity to be the "company officer" for a day. Leadership principles will be taught to each child directly and indirectly.

Important Information

Medical/Medications

We are not able to administer any medication to your child that is not provided by the parent in its original pharmacy container with dosage specified. Children will not be allowed to keep medication of any type in their possession while attending camp. In cases of injury or illness that are serious enough to warrant under our operational medical director's protocols, your child's status would be changed from "camper" to "patient." This could result in a transport to a hospital emergency room. Every attempt will be made to reach the parent/guardian prior to medical assistance being provided.

A copy of your child's vaccination history is required for participation in the summer camp. If the vaccination history is not received within 10 business days of receiving the application, the camper will not be allowed to attend camp.

Dress Code

You should dress your child with clothing appropriate for the weather forecast for the day. Long pants are preferred since we will be doing some crawling. Camp will take place both indoors and outdoors, so please make sure your child dresses accordingly. A camp T-shirt is provided on the first day. Children may want to wear the T-shirt on

Monday for pictures then again to the graduation ceremony on Saturday. Closed-toe shoes and socks are required at all times.

Terms of Enrollment

Campers must adhere to the District's Rules and Regulations or will be dismissed without review.

Campers should not bring any valuables to the program, including toys, radios, jewelry, money, etc.

Cell phones are not permitted in camp. A phone will be available at the camp for any necessary/emergency calls.

Glenham Fire District is NOT responsible for lost items. Staff has been instructed NOT to safe-keep any camper's possessions.

Campers should wear closed-toed sneakers every day (no sandals).

Campers should wear work clothes including jeans (appropriate for the weather).

In order for any child to attend camp he or she will have to rely on you or another adult for daily transportation. **The dates/hours for camp are as follows:**

Monday - Friday, July 20 - 24, 2026

Times: 8A - 11:30A (3rd - 6th) & 11A - 2:30P (7th - 10th)

Saturday, July 25, 2025- 1 p.m. | *Camp Graduation - Families Welcome*

Campers may be dropped off at the Glenham Fire District after 7:30 a.m. and must be picked up by 3:00 p.m.

Please make sure your child has a packed lunch Monday-Thursday. Pizza will be provided on the last day of camp, Friday, July 24th. If pizza is not an option for your child, please make sure they have a bagged lunch that day. Please also make sure campers have a good breakfast since we will be doing a lot of physical activity. The kids will have access to a fridge to keep their lunches cold.

On behalf of the Glenham Fire District, we thank you for your interest in the Junior Fire Summer Academy, and hope that your child will have a fun and positive learning experience.

Sincerely,

Glenham Fire District

Glenham Fire Department Junior Fire Academy Summer Camp

Student Application

JUNIOR FIRE ACADEMY DATES: July 20 - 24, 2026 with a graduation ceremony on July 25, 2026 (*RISING 3RD - 10TH GRADERS*).

CAMP HOURS: Mon - Fri: 8 a.m. - 11:30 a.m. (3rd - 6th grades)

11 a.m. - 2:30 p.m. (7th - 10th grades)

Saturday Graduation: 1 p.m.

Please email your completed application form to JRFireAcademy@Glenhamfire.com or mail or drop it off at the Glenham Fire Department.

Applicant's Name: _____ Age: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Grade Entering Sep '26: _____ School: _____

Parent/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mother's Email Address: _____

Father's Email Address: _____

Mother's Work or Cell Phone: _____

Father's Work or Cell Phone: _____

Emergency Contact Name : _____

Phone Number: _____

Please list all health concerns, allergies, limitations or restrictions, and medications for your child:

Only the following people may pick my child up from Fire Camp or Junior Fire Academy **(ID is required)**:

Attendance is required for all portions of the 5-day camp. Will you commit to attending the entire program?

YES

NO

T-Shirt Size (select one):

Youth Small

Adult Medium

Youth X-Large

Adult Small

Youth Large

Adult X-Large

Youth Medium

Adult Large

Important – This section must be completed by the parent or guardian for the child to attend.

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the Glenham Fire District is not liable in case of accidental injury or illness to your child.

I hereby further understand that in case of serious injury or illness to my child, the Camp will make every reasonable effort to notify me immediately. If, however, it is impossible to contact me immediately, I hereby give permission to any treating medical professional to provide necessary emergency medical treatment or surgery as such treating medical professional recommends. The health history provided herein is correct and complete, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I agree to the release of any medical records of my child necessary for the treatment, referral, billing, or insurance purposes of my child. I give permission to the camp to arrange necessary related transportation for me/ my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent: _____

Date: _____

PHOTOGRAPH RELEASE

To more effectively promote programs and activities sponsored by the Glenham Fire District, the Glenham Fire District seeks the permission of program and activity participants to photograph the participants and their child/children/ward(s) participating in the programs and activities. Please complete the following section: I, _____, the parent or legal guardian of _____, permit the Glenham Fire District to take and use photographs of me and/or my child/children/ward(s) for the purpose of promoting The Glenham Fire District's programs and activities. This includes permission to publish photographs of me and/or my child/children/ward(s) for such purpose. I understand that such photographs of me and/or my child/children/ward(s) remain the property of The Glenham Fire District.

Signature: : _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION:

As parent or legal guardian of _____, I furthermore give permission to Glenham Fire District and its volunteers to obtain emergency medical treatment for my child(ren) or the child(ren) over whom I have legal custody, each of whom is listed above.

I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, the district will exercise reasonable judgment in seeking medical treatment for my child.

Signature: _____ Date: _____

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE JUNIOR FIRE SUMMER ACADEMY PROGRAM SPONSORED BY GLENHAM FIRE DISTRICT

I understand that there are certain risks involved with participating in the activity identified above. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS GLENHAM FIRE DISTRICT AND ITS VOLUNTEERS, officers, employees, agents, contractors and assigns from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in the activities of the Junior Fire Academy Summer Camp. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of Glenham Fire District or its volunteers, officers, employees, agents, contractors and assigns.

Date: _____

Printed name of minor child: _____

Signature of parent of guardian: _____

Printed name of parent or guardian: _____

Health History Form

Junior Firefighter Academy Summer Camp

Please return this form with event registration and provide any changes to this form to event health personnel upon participant's arrival. Provide complete information so that the staff can be aware of your needs.

Child's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Gender: M F Birth date: ____/____/____ Age at event: _____

Parent/Guardian _____

Home phone () _____

Work phone () _____

Cell Phone () _____

Second Parent/Guardian _____

Home phone () _____

Work phone () _____

Cell Phone () _____

If not available in an emergency, notify:

Relationship to child: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Insurance information: Is the participant covered by family medical/hospital insurance?

Yes No

If so, indicate carrier or plan name: _____

Group # _____

ID # _____

Allergies: List all known. Describe reaction and management of the reaction.

Medication allergies (list) Food allergies (list) Other allergies (list) include insect stings, hay fever, asthma, animal dander etc.

Medication Allergies:

Food Allergies:

Other Allergies:

Does not eat (check any that apply):

Red Meat Pork Dairy Products Seafood Eggs

Other(describe): _____

Medications Being Taken:

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time of this event. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis. OR This person takes medications as follows:

Med #1 & Dosage _____

Time(s) taken _____ Reason _____

Med #2 & Dosage _____

Time(s) taken _____ Reason _____

Attach additional pages for more medications.

General Questions: *Please explain any "yes" answers below*

	YES	NO
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, or protective lenses?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passes out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain before or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	

	YES	NO
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
17. Ever had problems with joints?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have an orthopedic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have any skin problems - itching, scratching, hives, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
23. Any emotional difficulties treated by a professional?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, noting the number of the questions.

Use this space to provide any additional information about the participants behavior and physical, emotional, or mental health about which the camp should know.

Name of Child's Physician: _____

Phone Number: _____

Junior Firefighter Camp Rules

1. No one may leave camp without permission. If you leave, written permission is required.
2. No alcohol, firecrackers, weapons, tobacco or drugs are permitted in camp. Check medications with health personnel. Violators will be sent home..
3. All campers will be at their assigned location at all times.
4. Campers are not permitted in others' belongings.
5. Campers will be charged for the cost of any physical facility and/or resource damage for which they are responsible.
6. Campers are not permitted to have cell phones in camp. A phone is available for necessary calls.
7. Campers shall follow all health and safety regulations.
8. Glenham Fire District is not responsible for loss, theft, or damage of personal items brought to camp. Please leave valuable items at home.
9. Programs and activities offered by the Glenham Fire District are available to all persons without regard to race, color, sex, disability, religion, age, veteran status, political beliefs, sexual orientation, national origin, and marital or family status.