KENTUCKY FIRE COMMISSION
STATE FIRE RESCUE TRAINING

Registration Form
2019 Kentucky Junior Firefighter Fall Camp
November 1-3, 2019, London, KY

Name:_____

Male_____ Female_____ # of Years as Jr. FF _____ Firefighter ID #_____

Mailing Address:_____

City, State, Zip, County:_____

Daytime Phone:_____ Birth Date:_____

Parent/Guardian:_____

Parent/Guardian Phone:_____

Contact Email Address:_____

Fire Department:_____

T-Shirt Size (Circle One): S M L XL 2XL 3XL

PERMISSION FORM FOR JUNIOR FIREFIGHTERS

I, _____, hereby certify that I am the legal Parent and/or Guardian of _____, a child under the age of 18. I hereby give permission for him/her to participate in Fire Service Training. By signing below, I acknowledge that Fire Service Training is potentially hazardous and that he/she may be seriously injured or killed during this training. By signing below, I hereby release KCTCS/Kentucky Fire Commission from all liability associated with their participation in the camp, all other parties affiliated with the offering of this camp, and the course instructor(s) from all liability associated with their participation in the camp.

_____

Signature of Parent or Guardian Date

_____

Fire Chief Date

_____

Signature of Participant Date

Note: All participants must bring to camp Personal Protective Equipment with a manufacture date no older than March 1, 2009

Please return completed registration form to:
KY Fire Commission c/o Jr FF Camp, 118 James Court, Lexington, KY 40505 or ericka.cole@kctcs.edu