



# Fresno Fire Department

911 H Street, Fresno CA 93721, (559) 593-2528 / [FFDGEC@Fresno.Gov](mailto:FFDGEC@Fresno.Gov)



## GIRLS EMPOWERMENT CAMP

### Membership Application

#### 1. Camper Information:

Date of this application: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle, if applicable)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Tshirt size: \_\_\_\_\_  
(Month/Day/Year) (Current Age) (S, M, L, XL)

Address: \_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

Phone No.: \_\_\_\_\_  
((Area code) Primary Number) ((Area code) Secondary Number)

E-Mail: \_\_\_\_\_

School: \_\_\_\_\_  
(Name of School) (City/State)

#### 2. Parent / Guardian Information:

Name of Parent/Guardian: \_\_\_\_\_  
(First/Last)

Address of Parent/Guardian: \_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

#### 3. Camper Emergency Contact Information:

**In the event the Camper becomes sick or injured, please notify the following:**

Name of Parent/Guardian: \_\_\_\_\_  
(First/Last)

Phone No.: \_\_\_\_\_  
(Area code) Cell Number (Area code) Work Number

Name of Parent/Guardian: \_\_\_\_\_  
(First/Last)

Phone No.: \_\_\_\_\_  
(Area code) Cell Number (Area code) Work Number

Nearest Relative: \_\_\_\_\_  
(First/Last)

Phone No.: \_\_\_\_\_  
(Area code) Cell Number (Area code) Work Number

**One copy of this form shall be kept in the Camper's file; the second copy must be carried with the camper at all times when participating in a camp function or drill.**



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**4. Medical Insurance Information:**

Name of Parent/Guardian: \_\_\_\_\_  
(First) (Last)

Address of Parent/Guardian: \_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

**Insurer's Occupation:** \_\_\_\_\_

Insurer's Address: \_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

Insured's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Carrier Address: \_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

Policy No.: \_\_\_\_\_

**Name of Family Doctor:** \_\_\_\_\_

Address of Family Doctor: \_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

Phone No.: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_  
(Name of Hospital) (City/State/Zip Code)

**5. Please include all environmental, food and medical allergies, a list of medical conditions, and medications below. (Please attach additional page if needed.): If none, put N/A.**

**The above information is correct to the best of my knowledge.**

Signature of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_



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**6. Authorization to Treat Minor:**

I/we the undersigned parent, parents, or legal guardian of \_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, rendered under the general or special supervisor of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practices Act, or a Dentist licensed under the provisions of the Dental Practices Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization, given in advance of any specific diagnosis, treatment or hospital care being required, is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withhold if the undersigned cannot be reached.

List any medical conditions/treatment restrictions below. (Please attached additional page if needed): If none, put N/A.

**The above information is correct to the best of my knowledge.**

**Signature of Parent/Guardian:** \_\_\_\_\_

**Print Name of Parent/Guardian:** \_\_\_\_\_

**Address of Parent/Guardian:** \_\_\_\_\_  
(Number/Street) (City/State/Zip Code)

**Phone No.:** Primary No.: \_\_\_\_\_

Secondary No.: \_\_\_\_\_

Other: \_\_\_\_\_



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## 7. 2018 Girls Empowerment Camp Waiver and Release of Liability:

**For and in consideration of the participation in the Girls Empowerment Camp of the City of Fresno, I/we acknowledge and agree that:**

- a. The City of Fresno does not maintain health insurance for injuries to the participants that may arise out of involvement in the Girl's Empowerment Camp.
- b. My child and I/we realize that participation in all Girls Empowerment Camp activities and events are voluntary and as such volitionally enroll her in accordance with and subject to the following terms:
- c. My child's participation may present risks of bodily injury, dismemberment, death, and other loss including damage to property.
- d. I/we knowingly and freely assume all such risk.
- e. The undersigned parent(s)/legal guardian(s) do release, hold harmless and promise not to sue the City of Fresno, its officers, agents, employees, with respect to any and all such injury, dismemberment, property damage, death or loss, except that injury or loss which results from gross negligence or willful or wanton misconduct of one or those individuals or organizations.
- f. I/we will inform my child that he/she must follow all Girls Empowerment Camp safety rules as well as any other rules or directions given during participation in the program.
- g. Unless prior arrangements are made, the City of Fresno shall not be held accountable for the safety of participants after program hours.
- h. I/we hereby give to the City of Fresno the absolute and irrevocable right and permission to photograph, film, videotape, or record my children's likeness and/or voice and to use the results and proceeds thereof on the Fresno Fire Department websites or for outreach and/or educational material produced for the Fresno Fire Department.

**Camper's Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

**Date of Birth:** \_\_\_\_\_  
(Month/Day/Year)

**This is to certify that as a parent/guardian of this participant, I do consent to his/her waiver and release as set forth above.**

**Signature of Parent/Guardian:** \_\_\_\_\_

### AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In accordance with *California Family Code* Section 6910, I/we, the parents and/or guardians give authorization to a physician(s) and/or surgeon(s), licensed under the provisions of the Medical Practice Act, for said camper, \_\_\_\_\_ to receive care and/or emergency medical treatment when necessary. I (we) understand and agree that any expenditure incurred for the care and transportation of the above named minor is my responsibility during the period of April 27, 2019.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Print Name of Parent/Guardian:** \_\_\_\_\_



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## 8. Cell Phone Policy:

### Cell Phones:

Due to safety and security, cell phones are **not** to be used during the event. Cell Phones may be used during lunch break. Fresno Fire Department is not responsible for lost or stolen property.

**By Checking, I agree and understand terms of the [Cell Phone Policy](#).**

 Click to submit electronically through email