

Kids Safety Camp

LEARN FIRE SAFETY



**GET TO KNOW
YOUR LOCAL
POLICE OFFICERS**

**LEARN CPR
&
1ST AID**

**PIZZA & POOL PARTY
FOR ALL CAMP GRADS**

Date: Sat June 27th
Sun June 28th
Time: 9am to 4pm
Ages: 9-12 years
Price: \$10 per family

Applications available at:
Ephrata Fire Dept 600 A St SE or on the
web at: <http://www.ephrata.org/292.html>

For questions call Ephrata Fire at 509-754-4666



Kid's Safety Camp of Grant County 2009 Application

(Please Print)

Child's Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ ZIP Code _____

Birth Date _____ Age _____ Home Phone _____ - _____ - _____

School _____ Grade Entering 2009-2010 Year: _____

Child's Shirt Size: Small Medium Large X-Large Other: _____

(Shirt's are provided at no extra cost)

Emergency Parent/Guardian Information:

Father's Name: _____

Address
(if different than child's)

Day Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Mother's Name: _____

Address
(if different than child's)

Day Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Alternate Emergency Contact Information If Parent/Guardian above is Unavailable:

Name: _____ Relationship: _____

Address (if different than Child's): _____

Day Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Medical Information:

My child has the following medical conditions or restrictions which may require special attention:

- Allergies Seizures Medications Dietary Restriction Other

Explain: _____

(Please be sure to complete ALL of the above information)

HOLD HARMLESS AGREEMENT/WAIVER FOR PARTICIPANT

Parent or legal guardian must agree to the following before child will be accepted for camp:

In consideration of your accepting my/my child’s entry, I hereby consent to participation in the herein described activities by the child named herein and I hereby, for myself, my child, my heirs, executors and administrators do hereby expressly and forever waive and release any and all claims against and agree to hold harmless the City of Ephrata, City of Ephrata Recreation Department, City of Ephrata Fire Department, City of Ephrata Police Department, the Multi Agency Communication Center, and all their respective officers, employees, agents, representatives, successors, or assigns of any kind from any and all claims which may be made for damages and/or injury to property or person occasioned by any cause whatsoever, arising as a result of or in connection with the participation of me or my child in the herein mentioned activity. I agree to allow the camp staff to seek medical attention for my child at their discretion if they feel it is needed. By participating in the herein mentioned activity(ies), I or my child understand the potential risk for injury. I also agree to allow any photos or pictures taken during the activities to be used in promotions of activities offered by the City of Ephrata, City of Ephrata Fire Department or City of Ephrata Police Department.

I, THE UNDERSIGNED PARENT/GUARDIAN, HAVE READ AND UNDERSTAND THIS HOLD HARMLESS/WAIVER OF PARTICIPANT AGREEMENT AND BY MY SIGNATURE BELOW AGREE TO IT’S TERMS. I ACKNOWLEDGE THAT NO ACCIDENT OR MEDICAL INSURANCE IS PROVIDED FOR PARTICIPANTS IN THE KID’S SAFETY CAMP OF GRANT COUNTY BY THE CITY OF EPHRATA OR IT’S DEPARTMENTS.

Parent/Legal Guardian’s Signature _____

Relationship _____

Please Print Name _____ Date _____