Nassau County Junior Firefighters Association

P.O. Box 113 East Norwich, N.Y. 11732

2024 NCJFA FIRE Camp "Fahrenheit 516"

Campers,

Congratulations on being selected to participate in the annual NCJFA Fire Camp.

Please fill out all the application paperwork and return it to your advisor no later than June 30th, 2024.

Please understand you have been selected by your advisor because of your ability to meet the criteria for this camp. It is very important that you fully understand the importance of participation for this event.

Each camper will be responsible to attend a special in person camp meeting with their **advisor and at least 1 Parent/Guardian** before the program starts, either on Monday July 8th at 7:30pm or on Tuesday July 16th 7:30pm. **No Exceptions, Please do not ask**.

All paper must be checked by the Advisor before submitting to the Committee, **Parents are not to submit paperwork !!!**

All paperwork must be submitted together. Paperwork check list must be doublechecked!!!

All paperwork must be scanned and emailed to camp campfahrenheit516@gmail.com to be checked first, once it's confirmed, it is to be mailed to the PO box.

If you have any questions about this camp or application, **DO NOT CONTACT THE ACADEMY FOR ANY REASON,** please contact your advisor.

Thank You,

NCJFA Camp Training Committee

Nassau County Junior Firefighters Association

P.O. Box 113 East Norwich, N.Y. 11732

2024 Application for Camp "Fahrenheit 516"

Date: _____ Sex Male / Female Age Limit 14-17

Name of Jr/Explorer Company _____Post #_____

Name of Applicant_____
Last MI First

Address_____
Number Street City/State/Zip

Home Phone _____ Cell Phone _____

Date of Birth: Year_____ Month_____ Day_____

Age as of July 22nd 2024 _____, Month & Year Joined Program _____

E-Mail Address _____

Applicants Signature _____ Print Name _____ Date _____

Head Advisors Signature _____ Print Name _____ Date _____

Head Advisors Cell # _____

Chief Signature _____ Print Name _____ Date _____

Nassau County Junior Firefighters Association

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2024 Application for Camp "Fahrenheit 516"

I, _____, hereby certify that I am the legal parent and/or guardian
Print Clearly

of _____, a child who is under the age of 18. I hereby give
Print Clearly

permission for him/her to participate in the fire training with the Nassau County Junior Firefighters at the Nassau County Training Facility.

By signing below, I certify that all paperwork and information listed is accurate and also understand if my child breaks any rules, he/she will be terminated from the program forfeiting any future attendance at the camp and possibly jeopardizing their Junior/Explorer organization as well.

_____

Signature of Parent or guardian Date

_____

Print Name of Parent or guardian

_____

Signature of Applicant Date

_____

Print Name of Applicant

T-Shirt Size (Adult Sizes) (S) (M) (L) (XL) (Circle One)

In person Camp Meeting – Monday July 8th 7:30pm ___ Tuesday July 16th 7:30pm ___
(Check one)

Rules for NCJFA Fire Camp 2024

1) All Juniors/Explorers will arrive at 8:45AM Sharp
2) All Juniors/Explores will be picked up promptly at 4:00pm (cars & parents will wait in the parking lot at the top of the hill)
3) All Campers are required to bring lunch in a cooler styled bag. Unless otherwise advised that lunch will be supplied.
4) At no time will Juniors/Explorers be allowed to leave the academy property during breaks, lunch, etc.
5) All Juniors/Explorers will park in designated parking lots at the top of the hill. **At no time will vehicles, parents, friends, or advisors be permitted on FSA grounds. Safety will be the #1 priority**
6) **No photography will be permitted at the Academy at any time by juniors, explorers, advisors, firefighters, parents, etc. Please help us enforce this and not jeopardize our future trainings at the Academy. Anyone caught taking pictures, videos, etc, will be immediately expelled from the Academy and jeopardize their Jr. company from participating in future camps.**
7) All gear will be supplied by the individuals' company. This will include SCBA. Juniors/Explorers cannot participate without full turnout gear (jacket, pants, helmet, boots, gloves, hood, and eye protection, **no sharing of gear**).
8) All Juniors/Explorers will maintain strong discipline during training and while on fire ground and Academy property. **Masks will be worn at all times indoors.**
9) All Juniors/Explorers will be issued (2) Academy shirts. Each Junior/Explorer will be required to wear their CLEAN shirt each day. **No exceptions.**
10) All juniors must complete all 5 days from July 22nd to July 26th 2024. Including **Graduation TBA** **No Exceptions**
11) All Junior/Explorer companies who are participating must have their NCJFA dues paid and up-to-date through 2024
12) **There will be no phones allowed in the classrooms or on the fire ground**. All phones must be turned off and stored in the lockers. MY phone # for the Academy is 516-987-1342. This number is for **absolute emergencies only**.
13) All paperwork must be returned to the "**Training Committee**" no later than June 30th 2024. Any applications that are not returned on time will forfeit their slot and the next alternate will take that slot.

X_____ _____
Signature of Junior/Explorer Date

X_____ _____
Signature of Head Advisor Cell #

X_____ _____
Signature of Parent or Guardian Cell #

X_____ _____
Signature of Chief Cell #

Nassau County Junior Firefighters Association

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Nassau County Junior Firefighters Association Fire Camp Media/Photo Release Authorization July 22nd to July 26th, 2024, Including Camp Graduation

As the parent/guardian of my child _____ , who is enrolled in the Nassau
Print Clearly
County Junior Firefighters Association Fire Camp, I understand and Agree to the following conditions:

1. Members of the various news media outlets will be on-site at our camp from time to time for the purpose of recording and reporting to the general public on the success of our program. This may include newspaper, television, radio, instructional media, live streaming etc. During this time, activity interviews might be conducted and publicized by us or another media company that picked up the story.

2. The association will be taking photographs and video footage during the week which may be included on our website, Facebook, YouTube, Instagram, Snapchat and other forms of social media.

3. The association retains the right to use any and all photographs, video footage, recordings, interviews, etc. without further permission.

Parent/Guardian Name _____

Parent/Guardian Signature_____

Applicant Name _____

Applicant Signature_____

Date _____

Part A: Informed Consent, Release Agreement, and Authorization

Full Name: _____

DOB: _____

Informed Consent, Release Agreement and Authorization

I understand that participation in Camp Fahrenheit 516 activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordination, or your local County. I also understand that participation in there activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and standards of conduct.

In case of an emergency including me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is herby given to, the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protracted health information/confidential health information (PHI/CHI) under the Standards of Privacy of Individually Identifiable Health Information, 45 C.F.R. $$160.103, 164.501, etc. seq., As amended from time to time, includes examination findings, test results, and treatments provided for purposes of medical evaluation of the participant, follow-up and communication with the participants parents or guardians, and/or determination of the participants ability to continue in the programs activities.

(If applicable) I have carefully considered the risk involved and herby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any NCJFA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Camp activities.

With appreciation of the dangers and risk associated with programs, and activities, on my own behalf and/or on behalf of my child, I herby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Nassau County Junior Firefighter Association, the activity coordination, and all employees, volunteers, related parties, and other organizations associated with any program or activity.

NOTE: Due to the nature of programs and activities, the NCJFA and local County's cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

I understand that, if any information I/we have provided that has found to be inaccurate, it may limit and/or eliminate the opportunity of participation in any event or activity. I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable programs If those requirements are not met. The participant has permission to engage in all activities described, except as specifically noted by me or by the health-care provider. If the participant is under the age of 18, a parent or guardians signature is required.

Participant signature: _____ Date: _____

Parent/guardian signature of youth _____ Date: _____

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events

Name: _____

Telephone: _____

Part B: General Information/Health History

B

Full name: _____

DOB: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____

Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
☐	☐	Diabetes	**Last HbA1c percentage and date:**
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
☐	☐	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
☐	☐	Stroke/TIA	
☐	☐	Asthma	**Last attack date:**
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Behavioral/neurological disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures	**Last seizure date:**
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Excessive fatigue	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes☐ No☐**
☐	☐	List all surgeries and hospitalizations	**Last surgery date:**
☐	☐	List any other medical conditions not covered above	

B

Part B: General Information/Health History

Full name: _____

DOB: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ **CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.** ☐ **IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.**

Medication	Dose	Frequency	Reason

☐ **YES** ☐ **NO** **Non-prescription medication administration is authorized with these exceptions:** _____

Administration of the above medications is approved for youth by:

_____ / _____

Parent/guardian signature **MD/DO, NP, or PA signature (if your state requires signature)**

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
☐	☐	☐	Tetanus	
☐	☐	☐	Pertussis	
☐	☐	☐	Diphtheria	
☐	☐	☐	Measles/mumps/rubella	
☐	☐	☐	Polio	
☐	☐	☐	Chicken Pox	
☐	☐	☐	Hepatitis A	
☐	☐	☐	Hepatitis B	
☐	☐	☐	Meningitis	
☐	☐	☐	Influenza	
☐	☐	☐	Other (i.e., HIB)	
☐	☐	☐	Exemption to immunizations (**form required**)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

C

Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

DOB: _____

You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.

Examiner: Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
☐	☐	Medication		☐	☐	Plants	
☐	☐	Food		☐	☐	Insect bites/stings	

Height (inches):_____ **Weight (lbs.):**_____ **BMI:**_____ **Blood Pressure:**_____/_____ **Pulse:**_____

	Normal	Abnormal	Explain Abnormalities
Eyes	☐	☐	
Ears/nose/throat	☐	☐	
Lungs	☐	☐	
Heart	☐	☐	
Abdomen	☐	☐	
Genitalia/hernia	☐	☐	
Musculoskeletal	☐	☐	
Neurological	☐	☐	
Other	☐	☐	

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
☐	☐	Meets height/weight requirements.
☐	☐	Does not have uncontrolled heart disease, asthma, or hypertension.
☐	☐	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
☐	☐	Has no uncontrolled psychiatric disorders.
☐	☐	Has had no seizures in the last year.
☐	☐	Does not have poorly controlled diabetes.
☐	☐	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
☐	☐	**For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.**

Examiner's Signature: _____ **Date:** _____

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295

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2024 Camp Paperwork Check List

Application Page	Camper	Parent	Advisor	Chief
App Page 1				
All Spaces Filled				
All Signatures				
App Page 2				
All spaces Filled				
Meeting Date				
Shirt Sizes				
All Signatures				
Medical Forms A				
All spaces Filled				
Medical Form B				
All Space Filled				
Copy of Insurance Cards, Front and Back				
Immunizations Attached				
Dr. Stamp and Signature				
Medical Form C				
All Spaces filled				
Dr. Stamp and Signature				
Photo Release				
All Space Filled				
All Signatures				

Attention: Make sure all pages have been checked and fields in checklist initialed off.

There should be 60 initials on this form and documents should have been double checked

Camper Signature _____Date_____

Parent Signature _____Date_____

Advisor Signature _____Date_____

Chief Signature _____Date_____