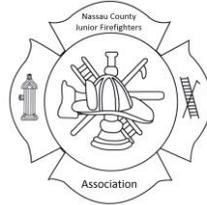


Nassau County Junior Firefighters Association



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

“2024 Tower & Flashover”

Juniors,

Congratulations on being selected to participate in these live training sessions.

This is a pilot program and if successful there will be many more types of these topics and trainings. This is why its important to carry yourselves in an adult professional manner.

Please fill out all the application paperwork and return it to your advisor no later than October 1st , 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 the participation for this event.

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

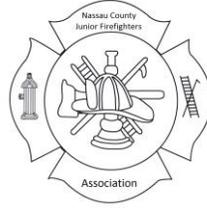
All paperwork must be submitted together. Paperwork check list must be doublechecked!!!

If you have any questions about this camp or application, please **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 Tower & Flashover”

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 October 6th 2024 _____, Month & Year Joined Program _____

Parent E-Mail Address _____

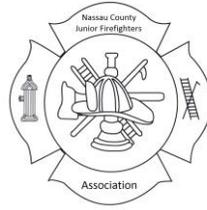
Applicants Signature _____ Print Name _____ Date _____

Head Advisors Signature _____ Print Name _____ Date _____

Head Advisors Cell # _____

Chief Signature _____ Print Name _____ Date _____

Nassau County Junior Firefighters Association



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

“2024 Tower & Flashover”

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 understand if my child breaks any rules, he/she will be terminated from the program forfeiting any future attendance from these programs 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

My Child has no health Restrictions

My Child has health Issues or Restrictions

List Health Issues or Restrictions _____

T-Shirt Size (Adult Sizes)

(S)

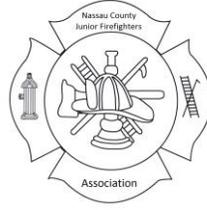
(M)

(L)

(XL)

(Circle One)

Nassau County Junior Firefighters Association



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

Nassau County Junior Firefighters Association “2024 Tower & Flashover” Media/Photo Release Authorization October 6th 2024

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

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.
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 _____