

GREENSBORO FIRE DEPARTMENT CAMP SPARK APPLICATION PACKET



DEVELOPING:
SELF-CONFIDENCE | PERSERVERANCE
ATTITUDE | RESPECT | KNOWLEDGE

To Parents/Guardians and Camp Spark Applicants:

The City of Greensboro and the Greensboro Fire Department are excited to announce that Camp SPARK will be taking place from **July 6 – 9, 2020**. Camp Spark is open to female students that are Greensboro residents (9th – 12th grades) and is completely free of charge to participants. (Participants must provide their own shoes for physical fitness training.) Camp Spark will provide a unique insight into life as a Firefighter/EMT to encourage young women to consider fire service as a career.

Camp Spark participants will take part in a fun-filled four-day camp of physical training, classes and Fire/EMS simulations. They will also have the chance to ask questions, train, and interact with female firefighters from Greensboro Fire Department!

Safety is our top priority. Camp Spark participants will be supervised at all times by the highly trained professionals of the Greensboro Fire Department. Please carefully review all included Camp Spark materials, including medical information and physician clearance for participation, assumption of risk and waiver requirements. All sections of this packet must be complete in full. Please type or write legibly in black ink.

Please take care in completing the application as only **24** applicants will be selected for participation in this year's Camp Spark. Applicants will be selected by a Selection Committee after a comprehensive review of all eligible applications. Those selected will be notified by June 1, 2020.

Applicants are expected to be responsible and demonstrate a self-starting attitude. Applicants must be enrolled in 9th through 12th grades of the 2020-2021 school year, and be in good physical health to participate in the rigorous activities planned. Additionally, all applicants must pledge to participate in the entire program. Planned absences are not acceptable because of the limited space available, and the nature of the program requires full attendance to benefit. If you believe that you will be absent for any portion of the program, we ask that you do not consider applying for Camp Spark. All applications must be RECEIVED by us no later than close of business on May 15, 2020.

You may scan and email your application to:

CampSpark@greensboro-nc.gov

Or drop off at:

Administrative Offices

1514 N. Church St. Greensboro, NC 27405

Go up the stairs and hand the application to the receptionist at the desk.

We will provide notification to successful candidates by email or phone by June 15th, 2020. If you have any questions regarding the application packet or process, please email your question to:

CampSpark20@yahoo.com

Good Luck!!

**The City of Greensboro
Greensboro Fire Department**

**“Camp Spark”
2020 – Application Form**

PART I: PARTICIPATION INFORMATION

Name of Participant: _____ Age: _____

DOB: _____ Grade: _____ Ethnicity: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Name of Parent/Guardian: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Emergency Contact: _____ Relationship: _____

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

This camp requires participants to wear special clothing to participate. Please answer the following questions as exactly as possible to ensure proper fit of gear (fill-in all sizes to the best of your knowledge, your child's gear will be sized according to these measurements).

Height: _____

Pants Size: _____

Shirt Size: _____

PART 2: MEDICAL HISTORY – Please Explain “Yes” Answers Below

To be provided to your medical professional to evaluate applicant for participation in the program. FILLED OUT BY PARENT/ GUARDIAN (share with physical and return).

Just like the everyday job of a Firefighter/EMT, some of the elements of Camp Spark will involve some physically demanding tasks. For this reason, we require applicants to be evaluated by their Physician to ensure fitness for the program. It is important to provide full and complete medical information in order for your Physician to adequately assess if you will be able to fully participate in Camp Spark. This form must be completed and signed, prior to the physical examination, for review by your examining practitioner. Explain “yes” answers below.

GENERAL MEDICAL HISTORY	YES	NO	MEDICAL QUESTIONS	YES	NO
Has a doctor ever denied or restricted your participation in sports for any reason?			Do you cough, wheeze or have difficulty breathing during or after exercise?		
Do you currently have an ongoing medical condition? Please identify: Asthma Anemia Diabetes Infections Other			Do you have asthma or use asthma medicine? (Inhaler; Nebulizer)		
Have you ever spent the night at the hospital?			Were you born without or are missing a kidney, eye, spleen or other organ?		
Have you ever had surgery?			Do you have groin pain or a painful bulge or hernia in the groin area?		
HEART HEALTH QUESTIONS ABOUT YOU:			Have you had mononucleosis (mono) within the last month?		
Have you ever passed out or nearly passed out DURING or AFTER exercise?			Do you have any rashes, pressure sores, or other skin problems?		
Have you ever had discomfort, pain or pressure in your chest during exercise?			Have you ever had a herpes or MRSA skin infection?		
Does your heart race or skip beats during exercise?			Are you currently taking any medication on a daily basis ?		
Has your Doctor ever told you that you have: High Blood Pressure High Cholesterol Kawasaki Disease A Heart Murmur A Heart Infection Other:			Have you ever had a head injury or a concussion? If so, date of last injury:		
Has a Doctor ever ordered a test for your heart? (E.g. ECG/EKG, Echocardiogram)			Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Do you get lightheaded or feel more short of breath than expected during exercise?			When exercising in heat, do you have severe muscle cramps or become ill?		
Have you ever had an unexplained seizure?			Has a Doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:			Have you had any other blood disorders?		
Has any family member or relative died of heart problems or had an unexpected death or sudden death before age 50? (Including drowning, unexplained car accident or sudden infant death syndrome)?			Have you had any problems with your eyes or vision?		
Does anyone in your family have a heart problem?			Do you wear glasses or contact lenses?		
Does anyone in your family have a pacemaker or implanted defibrillator?			Do you wear protective eyewear; such as goggles or a face shield?		
Does anyone in your family have Marfan syndrome, cardiomyopathy or Long Q-T?			Do you worry about your weight?		
Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			Are you trying to or has any professional recommended that you try to gain or lose weight?		
BONE AND JOINT QUESTIONS			Do you limit or carefully control what you eat?		
Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss school sports or other exercise?			Do you have any concerns that you would like to discuss with a doctor?		
Have you ever had any broken or fractured bones or dislocated joints?			When is the date of your last Tdap or Td (Tetanus) immunization? (Circle Type) Date:		

Have you ever had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, cast or crutches?			Have you ever had a menstrual period? Age when you had your first period:		
Have you ever had an X-ray of your neck for atlanto-axial instability? OR have you ever been told that you have an atlanto-axial disorder or any neck/spine problem?			Are you pregnant?		
Have you ever had a stress fracture of a bone?			EXPLAIN "YES" ANSWERS on next page: (Use extra space below as necessary)		
Do you regularly use a brace or assistive device?					

Do you currently have a bone, muscle, or joint injury that bothers you?			Do you have a history of juvenile arthritis or connective tissue disease?		
Do any of your joints become painful, swollen, feel warm or look red?					

List Medications/Supplements currently taking below:

List all Food Allergies Below:

Additional Notes/Medications/Explanation of "YES" Answers:

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

PART 3 (1): PHYSICAL EXAMINATION

Please have your **Physician** complete this section in full, and **return it to us with your completed Application Packet.** Examination must be dated after *January 2020*. Any medical information will be kept confidential in accordance with HIPAA regulations.

Name: _____ Date of Birth: _____ School: _____

EXAMINATION					
Height:		Weight:			
BP: /	Pulse:	Vision R 20/	L 20/	Glasses or Contacts? Yes:	No:

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

EMERGENCY MEDICATIONS

Inhaler
Epinephrine
Glucagon
Other:

Past medical history:

List all current medications: (if applicable)	Food allergies:
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PART 3 (2): PHYSICAL EXAMINATION

I have reviewed the data above, reviewed her medical history form and make the following recommendations for her participation in Camp Spark:

 CLEARED WITHOUT RESTRICTIONS

 NOT CLEARED FOR PARTICIPATION:

I have examined the above-named student and completed the pre-participation physical evaluation.

Physician's Signature: _____

Examiner's Name & Degree (Print): _____

Physician's Office Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

PART 4: ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF RISK, HOLD HARMLESS & INDEMNIFICATION AGREEMENT AND PHOTO RELEASE STATEMENT

PART 4A: Acknowledgement and Assumption of Risk, Hold Harmless & Indemnification Agreement and Consent to Participate

Please review and complete the information below. Registration for the camp will be denied until such time form is completed in its' entirety.

Camp Participant's Name _____ Telephone: _____
Address: _____

City: _____ State: _____ ZIP Code: _____
Parent/Guardian Name(s): _____ hereby certify that we/ I am the
parent(s) and/or lawful guardian(s) of _____ Date of Birth _____

Emergency Contact: _____

Daytime Contact Phone Number: _____

I give permission for _____ (name of child/ward) to participate in the Greensboro Fire Department's "Camp Spark" 2020. I attest that I am either the child's parent or legal guardian with the legal authority to enter into this agreement.

I have reviewed the proposed Program of Activities and I am aware that with participation in Camp Spark comes certain risks including but not limited to the risk of personal injury, theft or damage to personal property. Activities in Camp Spark include but are not limited to physical exertion, exposure to the outdoor elements (sun, wind, rain, heat and cold), and activities observing and extinguishing live fire under controlled conditions.

I also understand and accept that the activities of Camp Spark will be held during the summer months and often outdoors where the weather will be hot and humid. I understand and agree that this creates additional physical stress and have considered that aspect of risk as well as the other risks associated with the activities in Camp Spark. On behalf of my child/ward I expressly agree and assume all the risks associated with participation in Camp Spark.

I also fully understand that the occupation of firefighting has been declared hazardous by the Commissioner of Department of Labor and Industry pertaining to Teenagers and will instruct the camp participant that:

- (a) THE ACTIVITIES OF FIREFIGHTING ARE DANGEROUS and participating in this camp involves POTENTIAL RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH as a result of falls from ladders, bodily bumps and excessive smoke inhalation;
- (b) these risks and dangers may be caused by the camp participant's own actions or inaction, the actions or inaction of others participating in the training program;
- (c) there may be OTHER RISKS NOT KNOWN TO US or that are not readily foreseeable at this time.

Understanding these risks for myself, and having instructed the above-named Camp Participant as to these risks, I consent to the camp participant's participation in the camp's activities and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY.

In consideration of my child/ward participating in Camp Spark activities and using the facilities of the City of Greensboro and other locations as designated by Camp Spark Organizers and/or other activities and services provided by City of Greensboro employees, including food service, I, on behalf of myself, my executors, administrators, heirs, next of kin and successors, hereby release, indemnify, hold harmless and discharge the City of Greensboro and all its officers, departments, agencies, and employees from any and all claims, damages, injuries, fines, penalties and costs (including court costs and attorney fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to me or my child's participation in the Camp Spark program. I have read and understand this agreement and by my signature agree to its terms. I hereby give my child/ward permission to go on any field trips during the course of Camp Spark. I understand I will be informed in advance of the Camp Spark Itinerary. The City of Greensboro and Camp Spark Organizers agree to notify the Parent/Guardian/Emergency Contact Person whenever the child becomes ill or injured and the Parent/Guardian/Emergency Contact will arrange to have the child picked up as soon as possible. The Parent/Guardian authorizes Camp Spark Organizers to provide/obtain immediate medical care if an emergency occurs when he/she cannot be immediately reached.

I HAVE READ THIS Acknowledgement and Assumption of Risk, Hold Harmless & Indemnification Agreement and Consent to Participate. I, the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of activities the Minor will be participating in, hereby give my permission for my child/ward to attend and participate fully in all activities.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

PART 4B: Photo/Video Release

I hereby give my permission without restriction to the City of Greensboro and their assignees to photograph and/or videotape my child during participation in Camp Spark. I specifically waive my rights to compensation with respect to my child's name, likeness, picture or voice. The purpose of this release is to facilitate future publicity for similar programs.

Parent/Guardian Signature: _____ Date: _____

**PART 5: ESSAY AND OTHER INFORMATION THAT WILL BE CONSIDERED BY THE
SCREENING COMMITTEE**

PART 5A: School/Activities Information

High School: _____

Grade:

School Activities: (E.g. Participation in Team Sports, After School Activities, Clubs)

Community Activities: (E.g. Girl Scouts, Church Activities, Volunteering)

Hobbies:

PART 5B: Brief Explanation

Please tell us why you are interested in attending "Camp Spark" 2020. What do you believe you will gain from participation and why is participation important to you? You should attach your essay to this Application Package. Your essay should not be longer than 500 words (writing must be clear and legible).

How did you hear about Camp Spark? (Circle one)

Greensboro Fire Department website

Twitter

Facebook

Radio

Recruiter

School

Other (Please Specify) _____