



# GRAND RAPIDS FIRE DEPARTMENT

38 LA GRAVE AVENUE SE • GRAND RAPIDS, MI 49503



## YOUTH FIRE ACADEMY

The Grand Rapids Fire Department (GRFD) will be hosting its annual Youth Fire Academy (YFA). The participants will be instructed by actual fire instructors on the topics that Fire Recruits are taught in the Fire Academy. At the completion of the course, students will **not** be certified as a firefighter in any capacity or with fire fighting responsibilities, nor receive Fire I or Fire II certification.

This program is designed to show high school students what trained professionals do in the fire service. It is a one-week program during the summer months for students 15-18 years of age to experience a sample of the full Fire Academy all new hires go through. During YFA, students learn various skills including, but not limited to:

- using self-contained breathing apparatus (SCBA)
- search and rescue drills
- use of fire hose and extinguishers
- hands-only CPR

Students also participate in physical fitness activities, teamwork building, and memories for a lifetime!

Lunch will be provided free each day and students will be provided one (1) YFA student t-shirt.

All applicants interested in attending the academy must complete the accompanying application. Class size is limited to approximately 20 students.

Any applicant that is found to have falsified information or left part of the application incomplete will be rejected. In case there are more eligible applicants than available seats in the academy, applicants will be placed on a waiting list and will have priority for future academies.

All completed applications must be received by mail, email or hand-delivered to the Grand Rapids Fire Department no later than Friday, July 7, 2023, by 4:00 pm. The administrative office is located at 38 La Grave Avenue SE, at the corner of Westin Street SE.

**SPACE IS LIMITED, SO PLEASE DON'T DELAY!**



# YOUTH FIRE ACADEMY APPLICATION



## APPLICANT INFORMATION

Name (First, Middle, Last):

Current Address:

Date of Birth:

Gender:

Race:

Cell Phone:

Home Phone:

Current School:

Email Address:

T-Shirt Size:

Are there any medical, behavioral or dietary restrictions that we should be aware of?  
Please specify any known allergies.

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s):

Address if different than applicant:

Email Address:

Home Phone:

Cell Phone:

## EMERGENCY CONTACT INFORMATION

Name:

Address:

Home Phone:

Cell Phone:

The emergency contact listed will be contacted only if the parent/guardian is not reachable.

**ALL APPLICANTS ARE SUBJECT TO A BACKGROUND INVESTIGATION INCLUSIVE OF CRIMINAL HISTORY, POLICE CONTACTS, SCHOOL DISCIPLINE, ATTENDANCE, AND PERSONAL REFERENCES. THE GRFD RESERVES THE RIGHT TO DETERMINE AN APPLICANT'S PARTICIPATION.**



# YOUTH FIRE ACADEMY WAIVERS



## AUDIO/PHOTO/VIDEO CONSENT AND RELEASE FORM

Without expectation of compensation or other remuneration, now or in the future, I hereby give consent to the Grand Rapids Fire Department, its affiliates and agents, to use my/minor's image and likeness and/or any interview statements in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

- Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me/minor's and/or record my/minor's voice;
- Permission to use my/minor's name; and
- Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s), or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for education and awareness.

Consent is given in perpetuity, and does not require prior approval by me/the parent/guardian.

## CONSENT FOR MEDICAL TREATMENT OF A MINOR CHILD

I, \_\_\_\_\_(parent/guardian's name) give permission to the employees of the Grand Rapids Fire Department to seek/apply appropriate medical treatment on behalf of the child as required by the circumstances including, but not limited to, a doctor or hospital visit and the ability to authorize medical treatment using your best judgment as medically trained personnel in the event that I nor the emergency contact cannot be reached during an emergent situation.

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss.

I WAIVE, RELEASE, AND DISCHARGE from all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity; and

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Grand Rapids Fire Department, its affiliates, agents, nor related entities or persons from all liabilities or claims made because of participation in this activity, whether caused by the negligence of release or otherwise.

THE ADULT PARTICIPANT OR PARENT/GUARDIAN OF THE PARTICIPATING MINOR CERTIFIES THAT THIS DOCUMENT HAS BEEN READ AND ITS CONTENTS FULLY UNDERSTOOD. THE ADULT SIGNATURE REQUESTED BELOW IS ACKNOWLEDGING THEY ARE AWARE THAT THIS IS A CONTRACT AND A RELEASE OF LIABILITY, AS WELL AS SIGNIFYING THIS IS DONE OF THEIR OWN FREE WILL.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(If under 18 years old, Parent or Guardian must also sign.)