



### Registration West Virginia Junior Firefighter Camp

Name: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Year at Camp: 1<sup>st</sup>: \_\_\_\_ 2nd \_\_\_\_ 3rd \_\_\_\_ 4th \_\_\_\_

Home Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

County \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Fire Department: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2X \_\_\_\_\_ Other (Please indicate size)

### PERMISSION FORM FOR JUNIOR FIREFIGHTERS

I, \_\_\_\_\_, hereby certify that I am the legal Parent and/or Guardian of \_\_\_\_\_, a child under the age of 18. I hereby give permission for him/her to participate in Fire Service Training. By signing below, I acknowledge that Fire Service Training is potentially hazardous and that he/she may be seriously injured or killed during this training. By signing below, I hereby release West Virginia University, WVU Fire Service Extension, all other parties affiliated with the offering of this camp, and the course instructor(s) from all liability associated with their participation in the camp.

\_\_\_\_\_  
Signature of parent or guardian Date

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Signature of participant Date

Camp Fees: **\$325.00**

Payment method: Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Make checks payable to: **WVU Fire Service Extension**

**To pay by credit card go to: <https://epay.wvsto.com/WVU/WVUStateFireSchool>**

**Mail to:** WVU Fire Service Extension  
Junior Firefighter Camp  
2600 Old Mill Road  
Weston, WV 26452

Cooperative Extension Service  
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