

**PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT**

**“CAMP EMBERS”**

**2018**

**Application Packet**

To Parents/Guardians and Camp Applicants:

The Prince George's County Fire/EMS Department is excited to announce its inaugural girls' summer camp "**Camp Embers**," which will be taking place from **Monday, July 30<sup>th</sup> through Friday, August 3<sup>rd</sup>, 2018**.

The camp is open to female high school students (ages 16 to 18) and is completely free of charge to participants. However, campers will have to provide their own blue pants and black boots as part of the uniform. The camp will offer a unique insight into life as a Firefighter/EMT, with optimism to encourage young females to consider the fire service as a career, either after high school or college.

Campers will participate in 5 days of fun-filled activities involving classes, physical training, and Fire/EMS simulations. They will also have the opportunity to interact and ask questions with on-duty crews at Prince George's County Fire/EMS Stations in order to experience the everyday life of a Firefighter/EMT!

Safety is our top priority; camp participants will be supervised at all times by the highly trained professionals of the Prince George's County Fire/EMS Department.

Please carefully review all included camp materials, including the proposed schedule of events, medical information and physician clearance for participation, assumption of risk and waiver requirements. All sections of this packet must be completed in full; incomplete packets will be rejected. Please write legibly in black ink; unreadable applications will also be rejected.

Please take care in completing the application and provide thoughtful answers to the essay question in Part 5 as only **20** applicants will be selected for participation in this year's camp.

Applicants are expected to be responsible and demonstrate a self-starting attitude. Applicants must be aged between 16 and 18 years old by the first day of camp, also in good physical health in order to participate in the rigorous activities. Additionally, all applicants must pledge to participate in the entire program. Planned absences are not acceptable because of the limited space available. The nature of the program requires full attendance to achieve the total benefit. If you believe that you will be absent for any portion of the program, we ask that you do not consider applying for the camp. All applications must be RECEIVED no later than **June 29, 2018**. Completed applications may be submitted the following ways:

Mail to PGFD "Camp Embers" 2018  
9201 Basil Court, Suite 354  
Largo, MD 20774  
or  
Email to [\\_campembers@co.pg.md.us](mailto:_campembers@co.pg.md.us)

We expect to have all applications reviewed by **July 6, 2018** and will provide notification to successful candidates no later than **July 13, 2018**.

If you have any questions regarding the application packet or process, please contact Capt. Aaron C. White at 301-883-5340 or email your question to: [acwhite@co.pg.md.us](mailto:acwhite@co.pg.md.us). We will be very happy to assist you.

Best Wishes!!

**PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT**  
**"CAMP EMBERS"**  
**2018 APPLICATION FORM**

**PART 1: PARTICIPATION INFORMATION**

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This camp requires participants to wear special clothing to participate. Please answer the following questions as accurately 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: \_\_\_\_\_ feet \_\_\_\_\_ Inches      Weight: \_\_\_\_\_ lbs.      Shoe size: \_\_\_\_\_

Waist Size: \_\_\_\_\_ Inches      Hip Size: \_\_\_\_\_ Inches

T-shirt Size: \_\_\_\_\_ (S, M, L, XL)      Inseam: \_\_\_\_\_ Inches

**\*\*Survey Question:** (this question does not determine acceptance, circle yes or no)

Is the candidate currently AHA CPR certified? Yes or No

If YES effective issue date: \_\_\_\_\_

## PART 2: MEDICAL HISTORY - Please Explain "Yes" Answers Below

This section **MUST** be completed by the **PARENT/GUARDIAN** and is to be provided to your medical professional to evaluate applicant for participation in the program. Some elements of this camp will involve physically demanding activities, such as the job of a Firefighter/EMT entails. For this reason, we require applicants to be approved by medical professional. It is important to provide complete medical information for the medical professional to adequately assess if the applicant will be able to fully participate in the camp. This form must be completed and signed **PRIOR** to the physical examination to allow for review by the medical professional. Explain any "yes" answers below.

Camp Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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?		
<b>HEART HEALTH QUESTIONS ABOUT YOU:</b>			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 <b>taking any medication on a daily basis</b> ?		
Has your Doctor ever told you that you have: <input type="checkbox"/> 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?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:</b>			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?		
<b>BONE AND JOINT QUESTIONS</b>			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?			<b>EXPLAIN "YES" ANSWERS on next page: (Use extra space below as necessary)</b>		
Do you regularly use a brace or assistive device?					
Do you currently have a bone, muscle, or joint injury that bothers you?			<b>Do you have a history of juvenile arthritis or connective tissue disease?</b>		
Do any of your joints become painful, swollen, feel warm or look red?					

List any medications or supplements the applicant is CURRENTLY taking:

List any allergies to medications:

List any food allergies:

Additional Notes/Explanation of "YES" answers:

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

Date: \_\_\_\_\_

Camp Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PART 3A: PHYSICAL EXAMINATION

This section **MUST** be fully completed by the **MEDICAL PROFESSIONAL** and returned with the completed Application Package. **The medical professional MUST be a Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States.** Examination must be dated after January 2018. Any medical information will be kept confidential in accordance with HIPAA regulations.

Camp Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>EXAMINATION</b>					
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		

<b>EMERGENCY MEDICATIONS</b> <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other: _____
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<b>Past medical history:</b>
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<b>List all current medications: (if applicable)</b>	<b>Food allergies:</b>
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Medical Professional's Signature: \_\_\_\_\_ (MD, DO, LNP, PA) Date: \_\_\_\_\_

Printed Name & Degree: \_\_\_\_\_

### PART 3B: MEDICAL PROFESSIONAL'S CERTIFICATION STATEMENT

This section **MUST** be fully completed and signed by the **MEDICAL PROFESSIONAL** and returned with the completed Application Package. **The medical professional MUST be a Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States.** Examination must be dated after January 2018. Any medical information will be kept confidential in accordance with HIPAA regulations.

Camp Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have reviewed the medical history and other information provided above and have performed a pre-participation physical examination of this applicant for the PGFD camp. The following is my recommendation for her participation in the camp.

\_\_\_\_\_CLEARED WITHOUT RESTRICTIONS

\_\_\_\_\_NOT CLEARED FOR PARTICIPATION

Medical Professional's Signature: \_\_\_\_\_ (MD, DO, LNP, PA) Date: \_\_\_\_\_

Printed Name & Degree: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Official seal*

**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 4A: ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF RISK, HOLD HARMLESS & INDEMNIFICATION AGREEMENT**

I give permission for \_\_\_\_\_ (name of child/ward) to participate in the Prince George's County Fire/EMS Department "Camp Embers" 2018. 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 the participation in the PGFD Fire Camp comes certain risks, including but not limited to the risk of personal injury, theft or damage to personal property. Activities in the PGFD Fire Camp 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 fires under controlled conditions.

I also understand and accept that the activities of the PGFD Fire Camp 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 the PGFD Fire Camp. On behalf of my child/ward I expressly agree and assume all of the risks associated with participation in the PGFD Fire Camp.

In consideration of my child/ward participating in PGFD Fire Camp activities and using the facilities of the Prince George's County Fire/EMS Department, and other locations as designated by the Camp Organizers and/or other activities and services provided by PGFD, their agents, and 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 Prince George's County 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 PGFD Fire Camp 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 Fire Camp. I understand I will be informed in advance of the Camp Itinerary. PGFD and the Camp 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 the Camp Organizers to provide/obtain immediate medical care if an emergency occurs when he/she cannot be immediately reached.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

**PART 4B: PHOTO/VIDEO RELEASE STATEMENT**

I hereby give my permission without restriction to Prince George's County Fire/EMS Department and/or their assignees to photograph and/or videotape \_\_\_\_\_ (name of child/ward), during participation in the Fire Camp. 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: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

## PART 5A: SCHOOL / ACTIVITIES INFORMATION

Name: \_\_\_\_\_

High School: \_\_\_\_\_

Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

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

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

Hobbies:

**PART 5B: Supplemental Question**

Why you are interested?

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

Prince George's Co. website

Facebook

Radio

Recruiter

School

Other (Please Specify) \_\_\_\_\_