

**PEORIA FIRE-MEDICAL DEPARTMENT**

**PEORIA YOUTH FIRE ACADEMY**

**June 3 - June 6 2019**



**2019 APPLICATION PACKET**

To Parents/Legal Guardians, and Academy Applicants:

The Peoria Fire-Medical Department is excited to announce its first annual Youth Fire Academy taking place, **June 3 thru June 6 2019**. The Camp is open to high school students or graduated seniors (ages 17 to 18) and is **completely free of charge** to participants. However, campers should provide their personal blue pants, black belt, and safety boots/shoes as part of the uniform. The camp will provide a unique insight into life as a Firefighter/EMT, with optimism to encourage young men and women to consider the fire service as a career, either after high school or college. Lunch will be provided each day of the academy.

Academy participants will take part in a four-day fulfilled experience, physical training, classes, and Fire/EMS simulations. They will also have the chance to interact, ask questions and learn from on-duty crews of the Peoria Fire-Medical Department.

Safety is our top priority; camp participants will be supervised at all times by the highly-trained professionals of the Peoria Fire-Medical Department.

Carefully review all included academy materials, including the 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. This academy is limited to 20 participants.

Applicants are expected to be responsible and demonstrate a self-starting attitude. Applicants must be between 17 and 18 years old by the first day of the academy, 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 in order 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 the Academy. All applications must be RECEIVED no later than **May 17, 2019**.

You may mail, email or hand deliver completed applications to:

Peoria Fire-Medical Department  
Peoria Youth Fire Academy  
8401 W. Monroe Street  
Peoria, Arizona 85345  
Danny.comella@peoriaaz.gov

Candidates will be notified by May 24, 2019.

If you have any questions regarding the academy, application packet or process, please contact us at (623) 773- 7279 or via email at: [danny.comella@peoriaaz.gov](mailto:danny.comella@peoriaaz.gov). We will be very happy to assist you.

Best Wishes!!

# Peoria Fire-Medical Department Peoria Youth Fire Academy 2019

## Application Form

### PART I: 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 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: \_\_\_\_\_ Ft \_\_\_\_\_ Inches      Weight: \_\_\_\_\_ lbs.      Shoe size: \_\_\_\_\_  
Waist Size: \_\_\_\_\_ Inches      Hip Size: \_\_\_\_\_ Inches  
T-shirt Size: \_\_\_\_\_ (S, M, L, XL)      Inseam: \_\_\_\_\_ Inches

## Peoria Fire-Medical Department

### 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 if under 18**

Just like the everyday job of a Firefighter/EMT, some of the elements of the academy will involve some physically demanding tasks. For this reason, we require applicants to be signed off by their Physician. It is important to provide full and complete medical information in order for your Physician to adequately assess if the applicant will be able to fully participate in the academy. 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?		
Please Identify any ongoing medical condition: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other <input type="checkbox"/> _____			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> ?		
Do you have any of the following conditions? 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 Medications/Supplements currently taking below:**

**List all Food Allergies Below:**

**Additional Notes/Medications/Explanation of**

**"YES" Answers: (Type/ Print Clearly)**

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

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

**Academy 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 5/1/2019**. Any medical information will be kept confidential in accordance with HIPAA regulations.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **School:** \_\_\_\_\_

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

<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Neck		
Back		
Shoulder/arm		
Elbow/forearm		

Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		
<b>EMERGENCY MEDICATIONS (please list if any)</b>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>Past medical history:</b>		
<b>List all current medications: (if applicable)</b>		<b>Food allergies:</b>

**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 the PMFD Youth Fire Academy:

**\_\_ CLEARED WITHOUT RESTRICTIONS**

**\_\_ NOT CLEARED FOR PARTICIPATION:**

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

Physician Signature: \_\_\_\_\_ (MD, DO, LNP, PA)    Date: \_\_\_\_\_

Examiner's Name (Print): \_\_\_\_\_

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

I give permission for \_\_\_\_\_(name) to participate in the Peoria Fire-Medical Department (PFMD) Youth Fire Academy. I attest that I am either the child's parent or legal guardian with the legal authority to enter into this agreement. Or I am over the age of eighteen.

I have reviewed the proposed Program of Activities and I am aware that with the participation in the PMFD Youth Fire Academy comes with certain risks including but not limited to, the risk of personal injury, theft or damage to personal property. Activities in the PMFD Youth Fire Academy 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 the PMFD Youth Fire Academy 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 PMFD Youth Fire Academy. On behalf of my child/ward, I expressly agree and assume all of the risks associated with participation in the PMFD Youth Fire Academy.

Furthermore, PMFD Youth Fire Academy organizers have difficult jobs to perform. They seek safety, but they are not infallible. They will have only limited awareness of a participant's fitness or abilities. They may misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions and the equipment being used could malfunction. I acknowledge all of these possibilities and accept the risks associated with them on behalf of my child/ward.

In consideration of my child/ward participating in PMFD Youth Fire Academy activities and using the facilities of the Peoria Fire-Medical Department, and other locations as designated by the Academy Organizers and/or other activities and services provided by PMFD, 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 the City of Peoria 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 PMFD Youth Fire Academy. 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 the Fire Academy. I understand, I will be informed in advance of the academy itinerary. PMFD and the Academy 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 Academy Organizers and staff to provide/obtain immediate medical care if an emergency occurs when he/she cannot be immediately reached.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian must fill out below if participant is a minor.

Parent/Guardian Print Name: \_\_\_\_\_

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

**PART 4B: Photo/Video Release**

I hereby give my permission without restriction to Peoria Fire-Medical Department and their assignees to photograph and/or videotape my child during participation in the Peoria Fire-Medical Youth Fire Academy. 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 (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Peoria Fire-Medical Department

### PART 5: INFORMATION THAT WILL BE CONSIDERED BY THE SCREENING COMMITTEE

#### PART 5: School/Activities Information

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

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

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

Community Activities: (Ex. Boy Scouts, Girl Scouts, Church Activities, Volunteering)

Are you currently involved or have been previously involved in any Fire Science or Fire Fighting Program (Ex, Cadet Program, High School Fire Science Program, Explorer Program or Infinity Group)?

Hobbies:

**How did you hear about the Peoria Youth Fire Academy (Circle one)**

- Peoria Fire-Medical Department Web Site
- Facebook
- Recruiter
- School
- Other (Please Specify) \_\_\_\_\_