

**WILLINGBORO YOUTH FIRE ACADEMY
REGISTRATION FORM**

Instructions: Read every question carefully. Answer every question, leave no question unanswered. If a question is not applicable, please put N/A for the answer. An applicant who intentionally makes a false statement of a material fact or practiced, or attempted to practice, any deception or fraud in this application will be rejected.

Child's Name: _____

Address: _____

Phone: _____ Birthdate: _____ T-shirt Size: _____

Parent's Name: _____

Phone/Address: _____

(if different _____

from above) _____

Emergency contact if parents cannot be reached (Name, Address, Phone) _____

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

Physician's name, address, and number:

Child's Health Insurance Carrier: _____

I certify that I am the parent/legal guardian of the above-mentioned child, who has my permission to participate in the Willingboro Youth Fire Academy. This child is between the ages of 13 and 17 years of age. In the event of illness or accident in the course of this program, I request that measures be instituted without delay as the judgement of medical personnel dictate.

_____ Date

_____ Signature of Parent/Guardian

Willingboro FIRE & EMS, 398 Charleston Road, Willingboro, NJ 08046

IF YOU HAVE ANY QUESTIONS PLEASE CALL (609) 871-7476, Ext 1093