



Lake Travis Fire Rescue Junior Firefighter Academy APPLICATION PACKET



*Note: A Spanish version of this application can be made available upon request.



Lake Travis Fire Rescue Junior Firefighter Academy APPLICATION PACKET

To Parents/Guardians and Junior Firefighter Academy Applicants:

We are thrilled to announce the inaugural Junior Firefighter Academy hosted by Lake Travis Fire Rescue (LTFR), which is set to take place from July 16-19, 2024. This exciting event is open to students aged between 12 and 15, offering a unique and immersive experience in the world of firefighting and emergency medical services (EMS). Our goal is to inspire young individuals to consider a fire and EMS service career.

LTFR's Junior Firefighter Academy participants will engage in a dynamic four-day program featuring physical training, educational classes, and realistic fire/EMS simulations. This is an exceptional opportunity for young individuals to interact with and learn from experienced firefighters and medics from Lake Travis Fire Rescue and other esteemed departments in the area. Each participant will receive an official LTFR Junior Firefighter Academy T-shirt, coin, and certificate of completion as mementos of this unforgettable experience.

Classes will run from 9:00 a.m. to 4:30 p.m., Tuesday through Friday. Lunch, snacks, and drinks will be provided, and appropriate breaks will be taken throughout the day. A finalized schedule will be provided to each participant by June 15 or sooner.

Safety is our utmost priority, and participants will be under the constant supervision of LTFR's highly trained professionals. We kindly ask you to thoroughly review all included materials, including medical information, assumption of risk, and waiver requirements. Complete all sections. Please type or write legibly in black ink.

Due to the hands-on nature of the program, we can only accommodate 12 participants this year. We expect applicants to act responsibly and demonstrate a self-starting attitude. Applicants must be between 12 and 15 years old and have the physical ability to participate in various training and simulations (or the ability to identify those they cannot participate in). Furthermore, a commitment to participating in the entire program is essential, as planned absences are not acceptable.

The cost for the 2024 LTFR Junior Fire Academy is \$25.00, and we will send an invoice to the guardian via email following the confirmation email.

However, we genuinely recognize that individual circumstances vary, and if the program cost presents a difficulty, please do not hesitate to inform us. We are committed to fostering an inclusive environment. In cases where financial constraints are a concern, we are open to discussing fee waivers to ensure no interested participant is excluded.

To ensure your chance to participate, please submit your completed application by the deadline of **April 2, 2023**, at the close of business. You email a complete application to pio@ltfr.org.

You can also drop off applications at Lake Travis Fire Rescue Administrative Offices, 15304 Pheasant Ln., Lakeway, TX 78734. Hand the application to the receptionist at the desk.

We will notify successful candidates by email by April 5, 2024. If you have any questions regarding the application packet or process, please email pio@ltfr.org. The selection process for camp positions will be conducted through a lottery system, with applications randomly picked.

A student's place in the Academy is not confirmed until parents/guardians receive a confirmation email from the Academy director.



Travis County Emergency Services District No. 6 Junior Firefighter Academy

2024 – Application Form PARTICIPATION INFORMATION

Name of Participant: _____ Age: _____

DOB: _____ Grade: _____ Ethnicity: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Name of Parent/Guardian: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Emergency Contact: _____ Relationship: _____

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Shirt Size (adult t-shirt check one): Small Medium Large X-Large XX-Large

Provide an explanation of your motivation to participate in LTFR's Junior Fire Academy. Share your reasons for joining, your interests, and how you believe this experience will contribute to your personal and educational growth. If needed, feel free to use a separate page.



Travis County Emergency Services District No. 6 Junior Firefighter Academy

MEDICAL HISTORY

FILLED OUT BY PARENT/ GUARDIAN

Just like the everyday job of a Firefighter or EMT, some of the elements of this Academy will involve some physically demanding tasks. For this reason, we highly suggest applicants be evaluated by their Physician to ensure fitness for the program.

| 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? | | |
| HEART HEALTH QUESTIONS ABOUT YOU: | | | 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 taking any medication on a daily basis ? | | |
| Has your Doctor ever told you that you have: 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? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY: | | | 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? | | |
| BONE AND JOINT QUESTIONS | | | 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? | | | EXPLAIN "YES" ANSWERS on next page: (Use extra space below as necessary) | | |
| Do you regularly use a brace or assistive device? | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Do you currently have a bone, muscle, or joint injury that bothers you? | | | Do you have a history of juvenile arthritis or connective tissue disease? | | |
| Do any of your joints become painful, swollen, feel warm or look red? | | | | | |

Please note: If the participant is pregnant or suspected of being pregnant, the participant will be disqualified from the Academy.

Additional Notes/Medications/Explanation of "YES" Answers:

Below, list any medications/supplements the participant is currently taking:

List any food allergies below:

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____



Travis County Emergency Services District No. 6 Junior Firefighter Camp

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in Travis County Emergency Services District No. 6's (LTFR's) Junior Firefighter Academy and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases, including but not limited to Methicillin-Resistant Staphylococcus Aureus (MRSA), influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE TRAVIS COUNTY EMERGENCY SERVICES DISTRICT NO. 6, TRAVIS COUNTY EMERGENCY SERVICES DISTRICT NO. 6 JUNIOR FIREFIGHTER ACADEMY, AND THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT (COLLECTIVELY, RELEASEES), AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION;
3. I willingly agree to comply with the stated and customary terms and conditions for participation regarding protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Academy official immediately; and,
4. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE AND HOLD HARMLESS THE RELEASEES, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

Participant Name: _____ Participant signature: _____
Date signed: _____

Parent/Guardian Name: _____ Parent/guardian signature: _____
Date signed: _____



**Travis County Emergency Services District No. 6
Junior Firefighter Camp**

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT
THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward, including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law. I also certify that if my child exhibits any symptoms of COVID-19, I will inform Travis County Emergency Services District No. 6, Lake Travis Fire Rescue, and Academy officials immediately.

Name of parent/guardian: _____

Parent/ guardian signature: _____

Date Signed: _____



Travis County Emergency Services District No. 6 Junior Firefighter Camp

PARENTAL RELEASE

I _____, give permission for _____ to participate in the Travis County Emergency Services District No. 6, Lake Travis Fire Rescue's, Junior Firefighter Academy Program being held on _____ (Academy dates).

I understand that my son/daughter will attend classes supervised by Travis County Emergency Services District No. 6, Lake Travis Fire Rescue, and Junior Firefighter Academy personnel. I also understand that the supervised classes will consist of educational and practical material and that some of the material in the classes may be graphic due to the nature of the curriculum or class topic.

The undersigned also authorizes photographs and/or video documentation to be taken of my son/daughter. Photographs and videos may be used to promote or further the Travis County Emergency Services District No. 6, Lake Travis Fire Rescue, Junior Firefighter Academy and may be used in the media.

Parent / Guardian signature: _____

Parent/Guardian Name: _____

Date: _____



Travis County Emergency Services District No. 6 Junior Firefighter Camp

RELEASE OF LIABILITY WAIVER

I, _____, hereby authorize my son/daughter to participate in the Travis County Emergency Services District No. 6, Lake Travis Fire Rescue, and Junior Firefighter Academy. The Academy will take place on _____ (Academy dates).

I, _____, also give my permission for my son/daughter to be transported to and from scheduled and specified events by the following modes of transportation: Vehicles owned and operated by Travis County Emergency Services District No. 6.

I, _____, fully understand, and my son/daughter fully understands that participation and transportation during the Travis County Emergency Services District No. 6 Junior Firefighter Academy could result in bodily injury, serious bodily injury, illness, or death. Although I fully appreciate these risks, I desire my child to participate in the Travis County Emergency Services District No. 6 Junior Firefighter Academy, without regard for the consequences. I, the undersigned, assume full and complete responsibility for any accident, injury, illness, and/or activity that may occur to my child due to their participation. I agree to and hereby release, hold harmless, and waive all claims that I or my child may have against Travis County Emergency Services District No. 6 or any of its employees, agents, sponsors, representatives, or volunteers from all legal injury, illness or death and or activities arising from or connected in any manner to my child's participation in the Travis County Emergency Services District No. 6 Junior Firefighter Academy, including but not limited to liability, damages, legal fees and or costs caused by or related to the negligence or the intentional act of Travis County Emergency Services District No. 6, or anyone of its employees, agents, sponsors, representatives, or volunteers in whole or in part. This release shall be binding on my heirs, legatees, administrators, and assigns.

Parent/Guardian Signature: _____

Date: _____