Southern Pines Recreation & Parks Department
482 E. Connecticut Avenue
Southern Pines, NC 28387
Phone: 692-2463 / Fax: 692-1835
www.southernpines.net/191/Camps

Fire Academy Camp for Kids (7-13 years)

Have you ever wondered what it is like to be a firefighter?
Southern Pines Fire Department Fire Academy will train you in the operations and tasks that a firefighter needs to know; participate in hands-on fire safety activities, teamwork activities, fire extinguisher training, and life safety lessons for your entire family. Camp will create an awareness of the responsibilities and challenges of the job, as well as, the dedication of the firefighters while you get to know some of your Southern Pines Firefighters.

Camp fee includes a $20 r/ $40 nr non-refundable deposit.

July 7-10 1:00-5:00 pm at SP Fire Department

$25r/$50 nr Min/Max: 8/20

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Fire Academy Camp Registration Form

Camper's Name:_____ Age:_____

T-shirt size:_____

Address:_____ City:_____ Zip:_____

Home phone:_____ e-mail address:_____

Mother/Guardian's Name:_____Phone #1:_____ Phone #2: _____

Father/Guardian's Name:_____ Phone #1:_____ Phone #2: _____

Emergency Contacts in case a parent cannot be contacted (these people are also authorized to pick up child):

Name:_____ Phone #1:_____ Phone #2: _____

Name:_____ Phone #1:_____ Phone #2: _____

Besides parents/guardians, the following people are authorized to pick up my child:

Name _____

I agree to allow my child to participate in the activity named above offered by the Southern Pines Recreation and Parks Department. I understand that my child shall abide by all department rules as a condition of participation. I am aware that the activity may cause accident or injury as a direct or indirect result of participation. I also agree to assume all risks involved in my child's participating in the activity. I further agree to release Southern Pines Recreation and Parks Department, it's employees, volunteers and agents from any responsibility should an accident happen. I release any pictures taken during the program to be used for promotional purposes.

Parent/Guardian Signature:_____ Date:_____

Behavior management **to help ensure that everyone has fun**

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of behavior management. When participants receive positive, non-violent, and understanding indicators, they develop good self esteem, problem solving skills, and self discipline.

This Program/Camp will practice the following Discipline and Behavior Management Policy:

We Do

1. Praise, reward, and encourage
2. Reason with and set limits
3. Model appropriate behavior
4. Modify the classroom, camp environment to attempt to prevent problems before they occur
5. Listen
6. Provide alternatives for inappropriate behavior
7. Provide logical consequences for his/her behavior
8. Ignore minor misbehavior
9. Explain things
10. Use short supervised periods of "Time Out"
11. Stay consistent with our behavior management

We Do Not

1. Do Not spank, bite, pinch, or physically punish
2. Do Not make fun of, yell, or threaten
3. Do Not make sarcastic remarks or use profanity
4. Do Not shame
5. Do Not deny food or rest as punishment
6. Do Not relate discipline to eating or resting
7. Do Not leave the participant alone, unattended or without supervision
8. Do Not place the participant in locked rooms or closets as punishment
9. Do Not allow discipline of participant by other participants
10. Do Not make belittle the participant

Health Information

	Yes	No		Yes	No
Seizures/Epilepsy	___	___	Diabetes	___	___
Asthma	___	___	Motion Sickness	___	___
Emotional/Behavioral Problems	___	___	Contagious Disease	___	___
Heart Disease/Defect	___	___	Impaired Motor Ability	___	___
Fainting	___	___	Eyeglasses/Contacts	___	___

Please give detailed information for anything checked "yes" above:

Symptoms:_____ Type of:_____

Frequency of:_____ History of Occurrence:_____

Trigger Mechanism:_____ Other Comments:_____

Allergy to following (list specifics):

Medicine _____ Foods _____

Insects _____ Plants _____

Daily Medications, Name, Amount Used, Time Used:_____