

YOUTH SAFETY CAMP

CPR / AED / First Aid Certification**

Fire Safety

Vehicle Rescue

Hands-On Engine Company Operations

Hands-On Truck Company Operations

AND MORE!!

**For Those Ages 12+

We have received Grants this year which allows us to offer this program at **FREE OF CHARGE!**

Dates: July 20, 22, 27, & 29 – From 9am – 4pm Each Day
July 27th will be held at York County Public Safety Training Center

Each attendee receives lunch, camp shirt, and safety gloves

Please Return Registration Form and Waivers to:

PublicEducation@yaufr.com or YAUFR Headquarters

(50 Commons Drive, York PA 17402)

Registration is Limited!!





York Area United Fire & Rescue

2026 Youth Safety Camp Registration

Camp Attendee Information:

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ Zip: _____ Date Of Birth: _____

Adult T-Shirt Size: (Circle One) S M L XL

Please List Any Allergies We Need To Be Aware Of: _____

Guardian / Emergency Contact Information

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

Phone Number: _____ Email Address: _____

Relationship To Attendee: _____ Alt. Phone Number: _____

For Those Ages 12+ -- Are you Interested in American Red Cross Certification Yes ____ No ____

York Area United Fire & Rescue
2026 Youth Safety Camp Summer Program
Waiver, Release Form and Permission Slip
Please print all information (unless otherwise stated)

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN REGISTERING YOUR CHILD IN THIS PROGRAM, YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES, DAMAGES, OR LOSS SUSTAINED THROUGH PARTICIPATION BY YOURSELF AND YOUR WARD IN THIS PROGRAM.

CHILD'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

As a parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my ward may sustain as a result of participating in any and all activities connected, or in any way associated, with the activities of this program.

Initial of Parent/Guardian: _____

I further agree to indemnify, hold harmless and defend York Area United Fire & Rescue and its staff, and any other officials, agents, servants, representatives, employees and commission members from any and all claims for injuries, damages or loss sustained by myself or my ward arising out of, connected with, or in any way associated with the activities of the program, including but not limited to any claims related to an actual or alleged exposure to COVID-19SARS-CoV-2 or any resultant illness suffered by our child, ward or any household member.

Initial of Parent/Guardian: _____

In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Initial of Parent/Guardian: _____

We hereby grant permission for our child to participate in the York Area United Fire & Rescue Youth Safety Camp Summer Program. We hereby discharge York Area United Fire & Rescue, its staff, employees, volunteers, officers, commission members and agents, of and from all injury, disability, liability, claims, costs, suites and rights of action, of any nature or kind, sustained by our child/children that is inherent to any activity.

Parent or Guardian Signature _____

I have read and fully understood the above program details.

Signature of Parent/Guardian: _____

Date: _____

York Area United Fire & Rescue
2026 Youth Safety Camp Summer Program
Photograph Release Form

Dear Parent/Guardian

During the fire safety camp, we take photographs and videos of the class as they participate in various activities involving firefighting and EMS (Emergency Medical Services) skills. By which incidentally, some photographs or videos may capture your child's participation, directly or indirectly.

These photographs or videos may be published through our website, social media pages, and news bulletins.

With this, we seek your consent in allowing us to publish photographs or videos which may involve your child to said platforms.

Photograph/Video Release Consent

___ I hereby consent to the reproduction and publication of my child's photograph/video

___ I do not consent to the reproduction and publication of my child's photograph/video

Name of Child _____

Parent Signature _____



CAMP RULES

No alcohol, weapons, tobacco, or drugs are permitted.

All attendees shall follow all health and safety precautions as indicated by instructors and staff.

This program is offered to all persons without regard to race, color, sex, disability, religion, origin, or family status. We treat everyone with respect and expect the same of all attendees.

Please respect the personal space of others and do your best to maintain appropriate distances where possible.

Be courteous and helpful of others throughout the program. We all learn in different ways and at different paces.

Please refrain from cell phone use during camp unless it is necessary. This can be a distraction to other students.

Most importantly, HAVE FUN!