

Arlington County Fire Department

“CAMP HEAT” 2017

Application Packet



To Parents/Guardians and Camp Applicants:

The Arlington County Fire Department, is excited to announce its fourth annual girls' summer camp "**Camp Heat**", taking place from **Thursday, July 06 to Sunday, July 09, 2017** with an overnight experience at Marymount University. The Camp is open to female high school students (ages 15 to 18) and is completely free of charge to participants. However, campers will have to provide their own blue pants and black boots as part of the uniform. The camp will provide a unique insight into life as a Firefighter/EMT, with optimism to encourage young females to consider the fire service as a career, either after high school or college.

Camp participants will take part in a 4-day fun-filled experience, physical training, classes and Fire/EMS simulations. They will also have the chance to interact, ask questions and even eat dinner with on-duty crews at Arlington County Fire Stations in order to experience the everyday life of a Firefighter/EMT! Camp participants will be staying overnight on Thursday - Saturday at Marymount University, giving the young ladies a rare opportunity to inquire, learn about and enjoy a taste of college life.

Safety is our top priority; camp participants will be supervised at all times by the highly trained professionals of the Arlington County Fire Department. Female Firefighters/Paramedics will also provide overnight supervision at Marymount University.

Please carefully review all included Camp materials, including the proposed schedule of events, medical information and physician clearance for participation, assumption of risk and waiver requirements. All sections of this packet must be complete in full; incomplete packets may be rejected. Please write legibly in black ink; unreadable applications will also be rejected.

Please take care in completing the application and provide thoughtful answers to the essay question in Part 5 as only **20** applicants will be selected for participation in this year's camp.

Applicants are expected to be responsible and demonstrate a self-starting attitude. Applicants must be aged between 15 and 18 years old by the first day of camp, also in good physical health in order to participate in the rigorous activities planned. Additionally, all applicants must pledge to participate in the entire program, including the supervised overnight stays at Marymount University. 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 Camp. All applications must be RECEIVED by us no later than **June 05, 2017**.

You may mail or otherwise deliver completed applications to:

ACFD "**Camp Heat**" 2017
2100 Clarendon Blvd, Suite 400
Arlington, Virginia 22201

We expect to have reviewed applications by **June 12, 2017** and will provide notification to successful candidates by mail no later than **June 16, 2017**.

If you have any questions regarding the application packet or process, please call 703-228-0098 or email your question to: mtreed@arlingtonva.us or dwatki@arlingtonva.us. We will be very happy to assist you.

Best Wishes!!

Arlington County Fire Department

“Camp Heat” 2017 – 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: ____ Inseam: ____ Inches

****Survey Question:** (this question does not determine acceptance, circle yes or no)

At current time is the candidate AHA CPR certified? **Yes** or **No**

If YES effective issue date: _____

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 (share with physical and return).

Just like the everyday job of a Firefighter/EMT, some of the elements of the Girls Fire Camp 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 Camp. 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?		
Do you currently have an ongoing medical condition? Please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> 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: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> A Heart Infection <input type="checkbox"/> 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?					

List Medications/Supplements currently taking below:

List all Food Allergies Below:

Additional Notes/Medications/Explanation of “YES” Answers:

Parent/Guardian Signature: _____

Date: _____

Camp 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 *January 2017*. Any medical information will be kept confidential in accordance with HIPAA regulations.

Name: _____ **Date of Birth:** _____ **School:** _____

EXAMINATION					
Height:	Weight:				
BP: /	Pulse:	Vision R 20/	L 20/	Glasses or Contacts? Yes:	No:

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

EMERGENCY MEDICATIONS
<input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:

Past medical history:

List all current medications: (if applicable)	Food allergies:
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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 ACFD Fire Camp:

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 & Degree (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 and Assumption of Risk, Hold Harmless & Indemnification Agreement

I give permission for _____ (name of child/ward) to participate in the Arlington County Fire Department "Camp Heat" 2017. I attest that I am either the child's parent or legal guardian with the legal authority to enter into this agreement.

I have reviewed the proposed Program of Activities and I am aware that with the participation in the ACFD Fire Camp comes certain risk including but not limited to the risk of personal injury, theft or damage to personal property. Activities in the ACFD Fire Camp include but are not limited to physical exertion, exposure to the outdoor elements (sun, wind, rain, heat and cold), shared overnight accommodation and activities observing and extinguishing live fire under controlled conditions.

I also understand and accept that the activities of the ACFD Fire Camp 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 ACFD Fire Camp. On behalf of my child/ward I expressly agree and assume all of the risks associated with participation in the ACFD Fire Camp.

Furthermore, ACFD Camp 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 might 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 ACFD Fire Camp activities and using the facilities of the Arlington County Fire Department, Marymount University and other locations as designated by the Camp Organizers and/or other activities and services provided by ACFD, Marymount University, 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 Arlington County 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 ACFD Fire Camp Program. 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 Camp. I understand I will be informed in advance of the Camp Itinerary. ACFD and the Camp 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 Camp Organizers to provide/obtain immediate medical care if an emergency occurs when he/she cannot be immediately reached.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

PART 4B: Photo/Video Release

I hereby give my permission without restriction to Arlington County Fire Department and/or Marymount University and their assignees to photograph and/or videotape my child during participation in the Fire Camp. 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: _____ Date: _____

**PART 5: ESSAY AND OTHER INFORMATION THAT WILL BE CONSIDERED BY THE
SCREENING COMMITTEE**

PART 5A: School/Activities Information

High School: _____

Grade: _____ GPA: _____

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

Community Activities: (E.g. Girl Scouts, Church Activities, Volunteering)

Hobbies:

PART 5B: Application Essay

Please tell us why you are interested in attending “Camp Heat” 2017. What do you believe you will gain from participation and why is participation important to you? You should attach your essay to this Application Package. Your essay should not be longer than 500 words (writing must be clear and legible, typed preferred). Please include your full name at the top of your essay.

How did you hear about Camp Heat? (Circle one)

- Arlington Co. website
- Arlington Co. Summer guide
- Facebook
- Radio
- Recruiter
- School
- Other (Please Specify) _____

**ACFD “Camp Heat”
Summary of Events**

A full packing list & final schedule will be provided when participants have been selected to attend.
It will also be necessary for participants & parents/guardians to attend a short pre-camp briefing.
All meals will be provided during the camp weekend.

<u>Day 1:</u>			
AM/PM	Activity	Venue	Notes
0800	Camp Participants Arrival & Registration Paperwork Check & Completion Uniform Distribution & Final Fit Check	TBA	Parents/Guardians Required to Attend Until All Paperwork is Completed
AM	Welcome Speech by Fire Chief Rules & Expectations		
AM	Nutrition & Injury Prevention Presentation Snack/Hydration Break Physical Training		Shorts & T-Shirts Provided by ACFD for PT Camp Participants Must Bring Running Shoes/Sneakers in Good Condition
	Lunch		
PM	Fire History & Fire Behavior Class Snack/Hydration Break Fire Behavior Demonstration		Protective Clothing & Equipment Will Be Provided
PM	Marymount Check In & Tour Rules/Expectations Reminder Shower; Change	Marymount University Arlington Campus (MU)	Camp Participants Will Need to Bring Towel, Shower Supplies & Evening/Night Clothes
	Dinner	MU	
PM	Marymount University Presentation Q&A with Female Mentors Supervised Personal Time	MU	
1000	Lights Out – Overnight Stay	MU	Lights Out Time Will be Strictly Enforced & ACFD Female Personnel Will Be Supervising All Overnight Stays

Day 2-3:			
AM/PM	Activity	Proposed Venue	Notes
0700-0730	Breakfast	MU	
AM	Physical Training Snack & Hydration Break		Shorts & T-Shirts Provided by ACFD for PT Camp Participants Must Bring Running Shoes/Sneakers in Good Condition
AM	ACFD Station Tours Saturday Station Activities with Crew (4 Camp Participants to Each Station)	ACFD Stations	
	Lunch		
PM	Fire Extinguisher Class Extinguishment Practical (Controlled Live Fire) Snack & Hydration Break		Protective Clothing & Equipment Will Be Provided
PM	Assist Crews in Dinner Prep Hose Drill/Aerial Ladder/Rescue Tool Demonstration		
PM	Dinner with On-Duty Crews Q&A with On-Duty Crews	ACFD Stations	
PM	Emergency Communications Center/911 Dispatch Center Tour & Presentation	ECC Arlington	
PM	Return to Marymount Shower & Change Q&A with Mentors Supervised Personal Time	MU	Camp Participants Will Need to Bring Towel, Shower Supplies & Evening/Night Clothes
1000	Lights Out – Overnight Stay	MU	Lights Out Time Will be Strictly Enforced & ACFD Female Personnel Will Be Supervising All Overnight Stays

Day 4:			
AM/PM	Activity	Proposed Venue	Notes
0800-0830	Breakfast	MU	
AM	Physical Training Snack & Hydration Break Fire Marshal Presentation & Doubletree Hotel Building Tour (Standpipes, Sprinklers, Stairwells, Alarm Panels, Elevator Key Operation)		Shorts & T-Shirts Provided by ACFD for PT Camp Participants Must Bring Running Shoes/Sneakers in Good Condition
AM	Return to Marymount Shower; Change Pack & Checkout		Camp Participants Will Need to Bring Towel, Shower Supplies
	Lunch		
PM	EMS/Medic Unit Drill		
PM	Final Q&A with Mentors Camp Feedback (Verbal & Written) Set Up for Graduation Ceremony		
5:30pm	Parents/Family Arrive Graduation Ceremony Post-Graduation Drinks, Cake & Cookies for Graduates & Family Members	Trade Center	Parents/Family Are Invited to Join Us in Celebrating the Graduates' Success!

Please Note: This is a tentative schedule only, and all events are subject to change based on weather, equipment, and venue or scheduling issues.