

St. Augustine Fire Department
Spark the Flame
Girls Empowerment Camp
April 18 - 19, 2025



Turn a spark of interest into a flame of passion!

***“Take a SPARK of interest in the fire service and
turn it into a FLAME of passion towards it.”***

Spark the Flame is the City of St. Augustine's girl's empowerment camp held by the St. Augustine Fire Department (SAFD). The goal of this camp is to introduce girls to the fire service, empower them to try new things, encourage one another through challenges, meet new friends, and show them that the fire service is a welcoming career for anyone.

Spark the Flame Dates

April 18th & 19th

8:00 a.m. – 3:00 p.m.

Camper check-in is from 8:00am - 8:30am

Age Requirements

Friday, April 18: Middle School Aged Girls, ***Grades 6 - 8***

Saturday, April 19: High School Aged Girls, ***Grades 9 - 12***

Camp Address:

City Fire Station 1

101 Malaga St.

St. Augustine Fl, 32084

Applications for campers will be accepted on a first-come first-served basis.

Registration will close on Friday, February 28, or when both camps are filled. Campers will be notified by Friday, March 7, if they are scheduled to attend.

Email your completed application to cityfire@citystaug.com or deliver in person to St. Augustine Fire Department Station 1, 101 Malaga St., St. Augustine, FL 32084.

The camp will include things such as:

- Tool demonstrations
- Rappelling with our Technical Rescue Team
- Search & Rescue
- Spraying the fire hose
- Obstacle Course
- Fire safety/prevention education
- Team bonding/Confidence building activities
- Work on trust, communication, and teamwork
- And much more

Long pants and closed-toe shoes are required.

Campers will interact with female firefighters and women who hold various positions in the fire service. The camp is free for campers and will include a t-shirt, breakfast, lunch, snacks, and water. The camp is designed to be educational, fun, and safe. All forms included in this packet **must** be completed.

PHOTO RELEASE AUTHORIZATION

City of St. Augustine
75 King St., St. Augustine, FL 32084
904-825-1001

As a parent/guardian of a child/children enrolled in **Spark the Flame**, I understand and agree to the following conditions: **This is a required form for camper participation.**

1. Members of various news media outlets may be on-site at our camp from time to time for the purpose of recording and reporting to the public on the success of our program. This may include newspaper, radio, and television.
2. The Fire Department will be taking photographs during the camp, which may be used on our official Facebook and Instagram pages, along with our website.
3. Participants may be identified to the media and public by their first name only.
4. The City of St. Augustine has a Department of Communications. An employee of that department will attend the camp to record camp activities on professional grade photographic and television recording equipment for future use by our department.

Parent/Guardian Signature: _____ Date: _____

I hearby attest that my typed "signature" above qualifies as a signed name for the purpose of completing/submitting this form electronically.

Spark the Flame is a free, full-day camp put on by the St. Augustine Fire Department. These camps are designed to be fun, challenging, entertaining and educational; all at the same time. The day will begin with introductions with camp counselors and campers. We will then break the girls up into groups to rotate through the different activity stations. Each camper will get to go through all the stations.

MEDICAL/MEDICATIONS

We have trained medical personnel for our department at the level of Emergency Medical Technician - Paramedic. We will not be able to administer any medication to your child that is not provided by the parent in its original container with dosage specified. Children will not be allowed to keep medication of any type in their possession. Our medic will administer all medications as needed and as specified on the prescription label. In cases of injury or illness that are serious enough to warrant under our operational medical director's protocols, your child's status would be changed from "camper" to "patient" and could result in transport to a hospital emergency room. Every attempt will be made to reach the parent/guardian prior to medical assistance being provided.

DRESS CODE

You should dress your child according to the weather forecast for the day. **Long pants are required** since we will be doing some crawling. Although we do our best to control the temperature in the training room where classes are held, the room at times can be cold. If your child is cold natured, please send a lightweight jacket with them. A camp T-shirt is provided. **Closed-toe shoes and socks are required at all times.**

In order for any child to attend camp, she will have to rely on you or another adult for daily transportation. Therefore, there is some time involved on your part. The hours for the camp are as follows: 8:00 a.m. – 4:00 p.m. Breakfast, lunch, snacks, and water will be provided.

There are portions of the class that require physical effort in simulated firefighting operations as well as classroom training in fire safety and prevention. Will your child be willing and able to participate in both aspects? **Check One:**

Please feel free to make any additional comments here:

Please attach a second sheet of paper if you need more room to finish.

TERMS OF ENROLLMENT

Campers will adhere to the Department's Rules and Regulations or will be **dismissed without review**.

Campers should not bring any valuables to the program, including toys, radios, jewelry, money, etc.

Cell Phones are not permitted in camp. They can leave them in their bags and use them on breaks unless there's an emergency.

The City of St. Augustine Fire Department is **NOT** responsible for lost items. Staff has been instructed **NOT** to safe keep any camper's possessions.

Campers are required to wear long pants and closed-toed sneakers every day (no sandals).

Campers will receive a t-shirt at the beginning of camp (please indicate shirt size on the following page).

Face Coverings are optional and up to the parent and child.

SPARK THE FLAME REGISTRATION 2025

Registration is on a first- come, first-served basis. Applications will be accepted via email at cityfire@citystaug.com or in person at 101 Malaga Street, St. Augustine, FL 32084.

Camper is: Grade 6 7 8 High School 9 10 11 12

Camper Name: _____ Age: _____

School Name: _____

Home Address: _____

City: _____ State _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Primary/Cell Phone: _____ Alt. Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Emergency Contact: _____ Cell Phone: _____

Emergency Contact Email: _____

Please list all health concerns, limitations or restrictions, and medications for your child:

Only the following people may pick my child up from Spark the Flame:

T-Shirt Size: Check One

Youth Small

Adult Small

Youth Medium

Adult Medium

Youth Large

Adult Large

Adult X-Large

MISCONDUCT POLICY:

This camp is all about inspiring, empowering, and uplifting each other. We want each camper to have a positive experience. With that, we have a zero-tolerance policy for any misconduct such as bullying, name calling, gossiping, discrimination, unkind words and/or rudeness against fellow campers and/or counselors. If a camper is observed to be doing any of the things listed, or there are any complaints, you will be notified, and we ask that you please pick up your camper within 45 minutes.

/ _____
Parent's Name – Printed / Child's name – Printed
(both are required)

/ _____
Parent's Signature / Child's Signature
(both are required)

Date

I hereby attest that my/my child's typed "signature" above qualifies as a signed name for the purpose of completing/submitting this form electronically.

EMERGENCY MEDICAL AUTHORIZATION:

As parent or legal guardian of _____, I furthermore give permission to **SAFD** and its employees and volunteers to obtain emergency medical treatment for my child(ren) or the child(ren) over whom I have legal custody, each of whom is listed above.

I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, the county will exercise reasonable judgment in seeking medical treatment for my child.

Signature: _____ Date: _____

I hereby attest that my typed "signature" above qualifies as a signed name for the purpose of completing/submitting this form electronically.

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN SPARK THE FLAME SPONSORED BY ST AUGUSTINE FIRE DEPARTMENT.

I understand that there are certain risks involved with participating in the activity identified above. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS **SAFD**, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident

which may occur to my minor child as a result of my minor child's participating in the city's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death, or damage is caused by the willful, reckless, or gross negligence of **SAFD** its officers, agents, volunteers, assistants, or employees.

Date: _____

Signature of parent or guardian

Printed name of parent or guardian

Printed name of minor child

PHOTOGRAPH RELEASE

To more effectively promote programs and activities sponsored by **SAFD**, **SAFD** seeks the permission of program and activity participants to photograph the participants and their child/children/ward(s) participating in county programs and activities. Please complete the following section:

I, _____, the parent or legal guardian of _____, permit **SAFD & THE MEDIA** to take and use photographs of me and/or my child/children/ward(s) for the purpose of promoting programs and activities. This includes permission to publish photographs of me and/or my child/children/ward(s) for such purpose. I understand that such photographs of me and/or my child/children/ward(s) remain the property of **SAFD**.

Signature: _____ Date: _____

I hereby attest that my/my child's typed "signature" above qualifies as a signed name for the purpose of completing/submitting this form electronically.

SPARK THE FLAME RULES

1. No one may leave camp without permission. If you leave, written permission is required.
2. No alcohol, firecrackers, weapons, tobacco, or drugs are permitted in camp. Check medications with health personnel. Violators will be sent home.
3. All campers will be at their assigned location at all times.
4. Campers are not permitted in others' belongings.
5. Campers will be charged for the cost of any physical facility and/or resource damage for which they are responsible.
6. Campers must follow all camp rules.
7. Campers are not permitted to have cell phones in camp. All phones must stay in their bags.

8. Campers shall follow all health and safety regulations.
9. SAFD is not responsible for loss, theft, or damage of personal items brought to camp. Please leave all valuable items at home.
10. Programs and activities offered by the SAFD are available to all persons without regard to race, color, sex, disability, religion, age, veteran status, political beliefs, sexual orientation, national origin, and marital or family status.

On behalf of the St. Augustine Fire Department, we thank you for your interest in Spark the Flame and hope that your child will have a fun and positive learning experience.

Sincerely,

The St. Augustine Fire Department

Health History Form

Please return this form with event registration and provide any changes to this form to event health personnel upon participant's arrival. Provide complete information so that the staff can be aware of your needs.

Name: _____

Home Address: _____

Gender: Male Female Birth date ____ / ____ / ____ Age at event: _____

Custodial parent/guardian _____ Phone: _____

Home address (if different from above): _____

Home phone () _____ Work phone () _____ Other () _____

Second parent or guardian or emergency contact: _____

Address: _____ Phone: _____

If not available in an emergency, notify: _____

Relationship: _____ Phone: () _____ Address: _____

Insurance information: Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name: _____ Group # _____

Insurance carrier address: _____ Phone: () _____

Allergies: List all known. Describe reaction and management of the reaction.

Medication allergies (list) _____ Food allergies (list) _____ Other allergies (list) include insect stings, hay fever, asthma, animal dander etc.

Does not eat: Red Meat Pork Dairy Seafood Eggs Other (describe) _____

Important – This section must be completed for child to attend.

Permission: My child has my permission does not have my permission to attend

Should not participate in the following activities _____

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the _____, officers, employees, and agents are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/ my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent: _____ Date: _____

I also understand and agree to abide by any restrictions placed on my participation in camp of activities.

Signature of camper/staffer: _____ Date: _____

I hereby attest that my typed "signature" above qualifies as a signed name for the purpose of completing/submitting this form electronically.

Medications Being Taken:

Please list **ALL** medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time of this event. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person **takes NO** medications on a routine basis. This person **takes medications** as follows:

Med #1 _____ Dosage Specific times taken each day _____ Reason for taking _____

Med #2 _____ Dosage Specific times taken each day _____ Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer. **General Questions:** (Explain "yes" answers below.)

Has/does the participant

1. Had any recent injury, illness or infectious disease?

2. Have a chronic or recurring illness/condition?

3. Ever been hospitalized?

4. Ever had surgery?

5. Have frequent headaches?

6. Ever had a head injury?

7. Ever been knocked unconscious?

8. Wear glasses, contacts, or protective eyewear?

9. Ever had frequent ear infections?

10. Ever passes out during or after exercise?

11. Ever been dizzy during or after exercise?

12. Ever had seizures?

13. Ever had chest pain during or after exercise?

14. Ever had high blood pressure?

15. Ever been diagnosed with a heart murmur?

Yes No

16. Ever had back problems?

17. Ever had problems with joints (e.g. knees, ankles)?

18. Have an orthodontic appliance being brought to the Event?

19. Have any skin problems (e.g. itching, rash, acne)?

20. Have diabetes?

21. Have asthma?

22. Had mononucleosis in the past 12 months?

23. Had problems with diarrhea/constipation?

24. Have problems with sleepwalking?

25. If female, have an abnormal menstrual history?

26. Have a history of bed-wetting?

27. Ever had an eating disorder?

28. Ever had emotional difficulties for which professional help was sought?

Yes No

Please explain any "yes" answers, noting the number of the questions.

Use this space to provide any additional information about the participants behavior and physical, emotional, or mental health about which the camp should know.

Name of family physician: _____ Phone: _____

Name of family dentist/orthodontist: _____ Phone: _____