

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](mailto: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 hereby 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:**

YES

NO

Please feel free to make any additional comments here:

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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](mailto: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:

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

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### 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.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date:

\_\_\_\_\_  
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

<b>Health History Form</b>	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.
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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	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g. knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to the Event?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g. itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passes out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			

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: \_\_\_\_\_