



Bristol Fire Department
P.O. Box 249 Bristol, VT 05443
(802) 453-3201 bristolfiredepartment@gmail.com
www.bristolfiredepartment.org

CADET PROGRAM APPLICATION

Cadet:

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Town: _____ State: _____ Zip: _____ Birth Date: ____ / ____ / ____
E-mail address: _____ Grade: _____ Sex: M / F

Parent/Guardian:

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Town: _____ State: _____ Zip: _____
E-mail address: _____

Emergency Contact (if unable to contact parent/guardian):

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Town: _____ State: _____ Zip: _____

Medical Information:

Doctor: _____

Allergies to medications: _____

Other Allergies: _____

Medical condition(s): _____

Current medications being taken: _____

RELEASE AND WAIVER OF CLAIMS

This release is made for _____ . D.O.B. _____ of the Town of Bristol, County of Addison, State of Vermont.

In consideration of acceptance by the Bristol Fire Department for enrollment in the Fire Cadet Program, I consent to my son/daughter's enrollment in the Cadet program and hereby agree as follows:

1. I understand that in participating in Fire Service activities, to include but not limited to emergency situations, fire scenes, training evolutions, and general fire service activities, I am exposing my child to the many risks associated with participation and presence in such an environment and activities. I hereby expressly assume these and all other risks associated with such activity.

2. I hereby release and forever discharge, the Bristol Fire Department, the Town of Bristol, the members and officers of the Bristol Fire Department, and it's agents and employees, from all action, causes of action, damage claims, demands or judgments, including those based upon claims of negligence, which I, my heirs, executors, administrators, or assigns may have against the above for all injuries, of whatever nature, caused by, or arising out of, the above described activities.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with the full knowledge of its significance. In witness whereof I have executed this release on behalf of my child, _____ at the Town of Bristol on this _____ day of _____, 20____.

Signature of Parent or Guardian _____

Print Parent's/Guardian's Name _____

Contract of Understanding

My son/daughter and I have received, reviewed, and understand the guidelines for membership in the Bristol Fire Department Cadet Program. We understand that Cadets are to follow all instructions, orders, and/or directives of members of the Bristol Fire Department. We further understand that a standard of conduct is required at all times. We understand that all Cadets are expected to maintain a professional behavior and to be respectful and courteous to other Cadets, members of the Bristol Fire Department, and the public as representatives of the Cadet Program and the Bristol Fire Department.

We understand that the Bristol Fire Department Cadet Program has and enforces a “zero tolerance” policy with regard to the use of alcohol, tobacco, and other drugs. Substantiated use will result in immediate dismissal.

We understand that my son/daughter must maintain a passing academic grade in all classes in which they are enrolled. If a grade below “C” is received, the Cadet shall immediately be suspended, pending notification from their school that they have brought their grades to a passing level. Suspension prohibits participation in any Cadet activities.

Finally, we understand that violation of any of the guidelines for the Cadet Program may result in suspension or immediate dismissal from the program. Any unlawful activity that is observed or suspected will be referred to law enforcement.

Cadet’s Signature and Date

Parent/Guardian Signature and Date

Cadet’s Printed Name

Parent/Guardian Printed Name

Authority for Release of Information

I hereby authorize and request any and every school and/or school official, having control of any documents, records, or other information pertaining specifically to my below named child's academic standing, to permit the Bristol Fire Department or any of its representatives to receive, inspect and/or receive copies of such documents, records, and other information at any time.

I hereby authorized all such persons or entities as set out above to answer inquiries and questions concerning my child's academic standing which may be submitted to them by the Bristol Fire Department or any of its representatives.

I hereby release and hold harmless any and every school official, who complies with the authorization and request made herein from any and all liability of any nature and kind arising out of or in any way pertaining to the furnishing or disclosure of such documents, records, and other information to the Bristol Fire Department or any of its representatives.

Parent/Guardian's Signature: _____

Parent/Guardian's Printed Name: _____

Date: _____

Student/Cadet's Full Name (Print): _____

Date of Birth: _____