



Baltimore City Fire Department
"Camp Spark" Fire Service Empowerment Camp for Girls
(the "Program")
6720 Pulaski Hwy.
Baltimore, Maryland 21237
410-396-9984
BCFD.spark@baltimorecity.gov

Office Use Only
Date: _____
Sex: _____
Age: _____
Medical Info/Forms _____
Residency _____

**Please Read!
IMPORTANT**

- Please note... All applications must be filled out completely before returning***
- Children with any prescription medications, including inhalers, that they will bring to the Program must provide their medication to BCFD staff for safekeeping as noted in Section 2.C.
 - **Applications that are not completed in full will not be processed. Admission is as space permits on a first come, first serve basis.** A confirmation letter of acceptance at Camp Spark will be sent to the address or email provided below.
 - **Applications must be RECEIVED on or before COB June 10, 2026**, either by email or US Postal Service.
 - Camp is **Saturday, July 11th** and **Sunday, July 12th** with camper/parent orientation held on **Friday, July 10th**.

SECTION 1: Child's Information and Contact Information
(Please Print Legibly)

Child's Name (First, Last) [_____]

Age at time of the Program: [_____] Birth date [_____/_____/_____] (Ages 12 to 16 years old accepted)

Female [_____] Male [_____]

Child's T-shirt size (circle one): M [] L [] Adult T-shirt size (circle one): S [] M [] L [] XL []

Please select one: [_____] New Camper [_____] Returning Camper

Street Mailing Address*: [_____]

City [_____] State [_____] Zip Code [_____]

****Confirmation letter of acceptance to Camp Spark will be mailed to this address unless email option is selected below.***

Email: [_____]

May we **E-MAIL** the confirmation packet? [YES] or [NO]

Custodial Parent/Guardian Name [_____]

Relationship to Parent/Guardian [_____]

Best phone number to reach Parent/Guardian [_____]

PRINT CHILD'S NAME: _____



If Parent/Guardian not available in an emergency notify: _____]

Phone Number _____] Relationship to Child _____]

SECTION 2: Child's Health Information

A. REQUIRED IMMUNIZATIONS (Please check ONE response below)

My child **DOES NOT** have all the required immunizations for attendance at a public or private school in Maryland.

My child **DOES** have all the required immunizations for attendance at a public or private school in Maryland.

Will your child be bringing an inhaler to the Program? **YES**] or **NO**

Will your child be bringing an Epi-pen to the Program? **YES**] or **NO**

Will your child be bringing any other medications to the Program? **YES**] or **NO**

B. CHILD ALLERGIES (Please check ONE response below and supply information as indicated)

My child **DOES NOT** have any known allergies.

My child **DOES** have known allergies as indicated below:

Allergies to food: _____]

Reaction: _____]

Allergies to medication: _____]

Reaction: _____]

Allergies to other (please explain): _____]

Reaction: _____]

C. PRESCRIPTION MEDICATIONS

Information you supply in this section will be referred to by BCFD Personnel for medications brought to the Program and may also be shared with 911 response personnel and/or receiving hospitals in case of emergency. Note that any prescription medications brought by the child must be held by BCFD Personnel during the Program activities.

(Please check ONE response below and supply information as indicated)

My child takes **NO prescription medications** on a routine basis.

My child takes the following prescription medication(s):

Medication #1 name: _____]

Medication #1 health condition (why it's being administered):

_____]

Medication #1 dose: _____]

Medication #1 frequency: _____]

If Medication #1 is taken as needed, list symptoms: _____]

_____]

Medication #1 route (how administered): _____]

Medication #1 known side effects: _____]

_____]

PRINT CHILD'S NAME: _____



Medication #1 other information or instructions: _____]
_____]

Medication #2 name: _____]
Medication #2 health condition (why it's being administered):
_____]
Medication #2 dose: _____]
Medication #2 frequency: _____]
If Medication #2 is taken as needed, list symptoms: _____]
_____]
Medication #2 route (how administered): _____]
Medication #2 known side effects: _____]
_____]
Medication #2 other information or instructions: _____]
_____]

If other prescription medications are taken, please note the details as described above in an attachment to this application. _____]
_____]

D. ADDITIONAL INFORMATION

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health of which BCFD Personnel should be aware (including learning disabilities) for purposes of the participant's participation in the Program:

_____]

PRINT CHILD'S NAME: _____



SECTION 3: SIGNED AUTHORIZATIONS

Each section below requires your signature as parent/guardian in order for your child to participate in the Baltimore City Fire Department's (BCFD) Camp Spark Fire Service Empowerment Camp for Girls ("the BCFD Program").

At Camp Spark, your child may participate in any of the following activities:

- Carry and push 20 pounds of equipment;
- Wear 40 pounds of gear;
- Participate in physical exercises including running, sit-ups, squats, and pushups;
- Be able to advance a hose line with a partner weighing approximately 20 pounds;
- Crawl through a maze;
- Raise a ladder pulling 20 pounds;
- Be lifted on an 85-foot ladder tower; and
- As a team, force entry with a tool with about 20 pounds of force per camper.

Campers must be able to participate in physical exercises described above as well as adhere to all safety requirements in order to participate in any activity. Please note that no child will be required to participate in any activity, and will be permitted to sit out of any activity as requested.

A. Permission to Participate in BCFD Activities:

During participation in Camp Spark, I allow my minor child identified in this form to participate in the Program held at the BCFD Training Academy which may include, but will not necessarily be limited to, the activities described above; and be provided breakfast and lunch, which may include, but is not necessarily limited to, juice, fruit, cereal, pastry, and sandwiches.

I grant permission for my child to be photographed and/or videoed while [s]he is participating in the BCFD Program. I understand that any photographs and videos may be published or used by BCFD for promotional publicity, historical purposes, and the like. I further understand that I am relinquishing all legal rights for payment or redress with respect to the publication of any photographs and videos.

I am legally authorized to waive and release the Mayor and City Council of Baltimore, as provided herein, on behalf of the below listed minor.

- I KNOW THAT THESE ACTIVITIES MAY BE HAZARDOUS AND MAY RESULT IN SERIOUS INJURY OR DEATH.
- I ASSUME ALL RISKS TO THE BELOW LISTED MINOR'S PARTICIPATION IN THESE ACTIVITIES AND AM AUTHORIZED TO DO SO.
- THESE RISKS INCLUDE INJURY TO BODY, DEATH, OR INJURY TO PROPERTY AND OTHER RISKS EVEN IF I DO NOT KNOW ABOUT THEM AND THEY ARE NOT OBVIOUS.
- THE BCFD CAMP SPARK TRAINING RELATES TO GRAPHIC AND POTENTIALLY DISTURBING INFORMATION ABOUT HUMAN TRAFFICKING.
- THE BELOW LISTED MINOR IS PARTICIPATING IN THESE ACTIVITIES VOLUNTARILY AND WITH MY PERMISSION AND CONSENT.

As consideration for the Mayor and City Council of Baltimore (City) permitting the below listed minor to participate in Camp Spark training and related activities, I forever release the City, the State, any City or State affiliated organization, and their respective elected/appointed officials, directors, officers, employees, volunteers, agents,

PRINT CHILD'S NAME: _____



contractors, and representatives (each a “Released Entity”) from any and all actions, claims, or demands, damages, causes of action or suits, at law and in equity, that I, my executors, assignees, administrators, heirs, distributees, guardians, next of kin, spouse, and legal or personal representatives now have, or may have in the future, for any type of injury, physical or mental, death, or property damage, related to (i) the below listed minor’s participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Released Entity, including but not limited to lack of supervision, or (iii) the condition of the premises where these activities occur, whether or not the below listed minor is then participating in the activities.

I agree to indemnify, save, defend and hold harmless the City from any claims or liabilities of third persons resulting from any direct or indirect action or omission by the below listed minor in connection with his/her participation in the activities.

I agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse, legal representative (or those of the below listed minor) and the below listed minor will not make a claim against, sue, or attach the property of any Released Entity in connection with any of the matters covered by the release above.

- I HAVE READ THIS AGREEMENT CAREFULLY OR SOMEONE HAS READ IT TO ME.
- I FULLY UNDERSTAND ITS CONTENTS.
- I HAVE HAD TIME TO THINK ABOUT WHAT THIS RELEASE MEANS.
- I KNOW THAT I AM GIVING UP LEGAL RIGHTS.
- I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE CITY AND ME.
- I KNOW I HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE SIGNING THIS RELEASE.

The Parent/Guardian hereby warrants that he/she is over 18 years of age and the parent/guardian of the Minor, with every right to contract for the Minor and enter into this Release. This Release shall be binding upon the Minor and the Parent/Guardian, and their respective heirs, legal representatives, and assigns.

BY SIGNING BELOW, THE PARENT/GUARDIAN CONFIRMS HE/SHE HAS READ THE ABOVE STATEMENT AND UNDERSTANDS THAT IT IS A CONSENT AND RELEASE OF LIABILITY AND THAT BY EXECUTING THIS RELEASE SPECIFIC AND IMPORTANT RIGHTS ARE BEING WAIVED ON BEHALF OF THE PARENT/GUARDIAN AND ON BEHALF OF THE MINOR AND THE PARENT/GUARDIAN FULLY ACCEPTS ALL TERMS AND CONDITIONS OF THIS CONSENT, WAIVER AND RELEASE.

The Parent/Guardian further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned (other than the consideration stated above).

Permission to Participate in Camp Spark Human Trafficking training – (Note: Please initial this box to confirm you give permission to participate in the Camp Spark Human Trafficking training)

I, the undersigned parent/legal guardian (the “Parent/Guardian”) of the minor child named herein (the “Minor”), with full legal authority to execute this Consent to Participate and Waiver/Release both for his/her self and on behalf of the Minor does hereby grant permission for the Minor identified in this Waiver/Release to participate in the Human Trafficking training component of the BCFD Camp Spark Training.

PRINT CHILD’S NAME: _____



Name of Minor Who Signatory Is Providing Waiver, Release and Consent Permission to Participate in the BCFD Camp Spark training and activities:

Name Date of Birth

Printed Name of Custodial Parent/Guardian: _____

Signature _____ Date _____
Custodial Parent/Guardian

B. Health Information and Emergency Health Services Authorizations

This health history included in this form is correct and complete to the best of my knowledge. The completed form may be photocopied by BCFD Personnel to bring along to activities.

I hereby give permission to BCFD Personnel to administer the medications as I have indicated in this form, to provide basic first aid, and seek 911 services for any emergency medical condition that requires assessment and treatment at a hospital emergency department. I understand that the health insurance information I supplied in this form will be supplied as needed for emergency services of an ambulance or at the hospital emergency department. I acknowledge that for any ambulance transport or service provided at a hospital emergency department, I will be responsible for payment and BCFD shall not be responsible for any bills.

Signature _____ Date: _____
Custodial Parent/Guardian

PRINT CHILD'S NAME: _____