

HARRIS COUNTY  
ESD No. 48 FIRE-EMS  
CAMP SPARK  
APPLICATION PACKET



To Parents/Guardians and Camp Spark Applicants:

Harris County ESD No. 48 FIRE-EMS (HCESD48) is excited to announce that Camp Spark will be taking place **June 6<sup>th</sup> – 8<sup>th</sup> 2023**. Camp Spark is open to female students that are between 14 and 18 years of age and is completely free of charge to participants thanks to the generous sponsors. Camp Spark will provide a unique insight into life as a Firefighter and/or EMS professional to encourage young women to consider fire and EMS service as a career.

Camp Spark participants will take part in a fun-filled three-day camp of physical training, classes and Fire/EMS simulations. They will also have the chance to ask questions, train, and interact with female firefighters and medics from HCESD48 and other Great Houston Area departments! A Camp Spark Cadet t-shirt will be provided to all participants.

Safety is our top priority. Camp Spark participants will be supervised at all times by the highly trained professionals of HCESD48. Please carefully review all included Camp Spark materials, including medical information, assumption of risk and waiver requirements. All sections of this packet must be completed in full. Please type or write legibly in black ink.

Please take care in completing the application as only **25** applicants will be registered for participation in this year's Camp Spark.

Applicants are expected to act responsibly and demonstrate a self-starting attitude. Applicants must be between 14 and 18 years of age, and be in good physical health to participate in the rigorous activities planned. Additionally, all applicants must pledge to participate in the entire program. Planned absences are not acceptable because of the limited space available, and the nature of the program requires full attendance 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 Camp Spark. All applications must be RECEIVED by us no later than close of business on March 3, 2023.

You may scan and email your application to:

[Jason.Tharp@hcesd48.org](mailto:Jason.Tharp@hcesd48.org)

Or drop off at:

Administrative Offices

21201 Morton Rd Katy, TX 77449

Hand the application to the receptionist at the desk.

We will provide notification to successful candidates by email or phone by March 24, 2023. If you have any questions regarding the application packet or process, please email your questions to:

[Jason.Tharp@hcesd48.org](mailto:Jason.Tharp@hcesd48.org)

**Good Luck!!**

**Harris County ESD No. 48  
FIRE - EMS**

**“Camp Spark”  
2023 – Application Form**

**PART I: PARTICIPATION INFORMATION**

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

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: \_\_\_\_\_

Pants Size: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

## 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.**

Just like the everyday job of a Firefighter or EMT, some of the elements of Camp Spark will involve some physically demanding tasks. For this reason, we highly suggest applicants to be evaluated by their Physician to ensure fitness for the program. 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: Asthma Anemia Diabetes Infections 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?		
<b>HEART HEALTH QUESTIONS ABOUT YOU:</b>			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 <b>taking any medication on a daily basis?</b>		
Has your Doctor ever told you that you have: High Blood Pressure High Cholesterol Kawasaki Disease A Heart Murmur A Heart Infection 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?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:</b>			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?		
<b>BONE AND JOINT QUESTIONS</b>			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?			<b>EXPLAIN "YES" ANSWERS on next page: (Use extra space below as necessary)</b>		
Do you regularly use a brace or assistive device?					

Do you currently have a bone, muscle, or joint injury that bothers you?			<b>Do you have a history of juvenile arthritis or connective tissue disease?</b>		
Do any of your joints become painful, swollen, feel warm or look red?					

**Please note: If the participant is pregnant or suspected of being pregnant, the participant will be disqualified from the camp.**

**List Medications/Supplements currently taking below:**

**List all Food Allergies Below:**

**Additional Notes/Medications/Explanation of "YES" Answers:**

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**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**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 and Consent to Participate**

Please review and complete the information below. Registration for the camp will be denied until such time form is completed in its entirety.

Camp Participant's Name \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ hereby certify that we/ I am the parent(s) and/or lawful guardian(s) of \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Daytime Contact Phone Number: \_\_\_\_\_

I give permission for \_\_\_\_\_ (name of child/ward) to participate in the Harris County ESD No. 48 "Camp Spark" 2022. 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 participation in Camp Spark comes certain risks including but not limited to the risk of personal injury, theft or damage to personal property. Activities in Camp Spark include but are not limited to physical exertion, exposure to the outdoor elements (sun, wind, rain, heat and cold), and activities observing and extinguishing live fire under controlled conditions.

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

I also fully understand that the occupation of firefighting has been declared hazardous by the Commissioner of Department of Labor and Industry pertaining to Teenagers and will instruct the camp participant that:

(a) THE ACTIVITIES OF FIREFIGHTING ARE DANGEROUS and participating in this camp involves POTENTIAL RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH as a result of falls from ladders, bodily burns and excessive smoke inhalation;

(b) these risks and dangers may be caused by the camp participant's own actions or inaction, the actions or inaction of others participating in the training program;

(c) there may be OTHER RISKS NOT KNOWN TO US or that are not readily foreseeable at this time.

Understanding these risks for myself, and having instructed the above-named Camp Participant as to these risks, I consent to the camp participant's participation in the camp's activities and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY.

In consideration of my child/ward participating in Camp Spark activities and using the facilities of Harris County ESD No. 48 and other locations as designated by Camp Spark Organizers and/or other activities and services provided by Harris County ESD No. 48 employees. I, on behalf of myself, my executors, administrators, heirs, next of kin and successors, hereby release, indemnify, hold harmless and discharge Harris County ESD No. 48 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 Camp Spark 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 Camp Spark. I understand I will be informed in advance of the Camp Spark Itinerary. Harris County ESD No. 48 and Camp Spark 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 Camp Spark Organizers to provide/obtain immediate medical care if an emergency occurs when he/she cannot be immediately reached.

I HAVE READ THIS Acknowledgement and Assumption of Risk, Hold Harmless & Indemnification Agreement and Consent to Participate. I, the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of activities the Minor will be participating in, hereby give my permission for my child/ward to attend and participate fully in all activities.

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 4B: Photo/Video Release**

I hereby give my permission without restriction to Harris County ESD No. 48 Fire - EMS and their assignees to photograph and/or videotape my child during participation in Camp Spark. 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.

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate in Camp Spark and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest camp official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Harris County ESD No. 48 and Camp Spark, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

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



**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law. I also certify that if my child exhibits any symptoms of COVID-19, I will inform Camp Spark officials immediately.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

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