

2026 FAAFF Camper's Name \_\_\_\_\_

First Name

Last Name

Slidell Memorial Hospital | Ochsner | St. Tammany Fire Protection District No. 1



### Fit as a Firefighter Summer Camp 2026

June 1-5 • M-Th 8AM – 3PM • Fri. 8AM – 12pm  
STFPD No. 1 Training Academy • Camp Villere  
34780 South Range Road, Slidell, LA  
70460



This week-long fitness and nutrition day camp offers fun activities to encourage children age 7 to 12 to lead healthy, active lifestyles. Child must be 7 years old by Jan 1, 2026. **Space is limited.**

For more information, please visit [SlidellMemorial.org/Community-Outreach](http://SlidellMemorial.org/Community-Outreach).

REGISTRATION	
<b>Dates</b>	Tuesday, April 7 • 8AM – 6 PM Tuesday, April 14 • 8AM – 6 PM
<b>Place</b>	SMH Community Outreach Center, 2nd Floor, Wellness Pavilion 501 Robert Boulevard, Slidell, LA 70458
<b>Camp Fee</b>	<b>\$150.00 for the first child; \$125 for each additional child</b> Cash or check. Checks must be made payable to <b>SMH Community Outreach</b> .

LATE REGISTRATION (After May 15)	
<b>When</b>	Call SMH Community Outreach at (985) 280-8529 to schedule an appointment.
<b>Place</b>	SMH Community Outreach Center, 2nd Floor, Wellness Pavilion 501 Robert Boulevard, Slidell, LA 70458
<b>Camp Fee</b>	<b>\$165.00 for each child; no discount for each additional child</b> Cash or check. Checks must be made payable to <b>SMH Community Outreach</b> .

**\*\*\*REGISTRATION CLOSED AFTER MAY 31, 2026\*\*\***

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First Name Last Name

**INSTRUCTIONS:** Please print. All forms must be completed and submitted with camp fee payment.

**Camper Information**

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
First Name Last Name

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M F  
*\*Camper must be 7 years of age by January 1, 2025 to attend* (circle one)

Returning Camper (circle one) Yes N

**T-Shirt**

A *Fit as a Firefighter Summer Camp* T-shirt is **REQUIRED** to attend camp and must be worn each day. One (1) T-shirt is included with the camp fee. Please select a size below.

**T-Shirt Size** Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL  
(circle one)

Additional T-shirts are available for purchase for \$10 each. Order forms will be available at registration.

First Name

Last Name

**Emergency Contacts**

**Emergency Contact #1**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

First Name Last Name

**Address** \_\_\_\_\_

Street City State Zip

**Daytime Phone #** (\_\_\_\_\_) \_\_\_\_\_ **Evening Phone #** (\_\_\_\_\_) \_\_\_\_\_

**SMH Employee** (circle one) Yes N **STFPD Employee** (circle one) Yes N

**Place of Employment** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

\*Must provide at least one (1) E-mail address on this form.

**Emergency Contact #2**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

First Name Last Name

**Address** \_\_\_\_\_

Street City State Zip

**Daytime Phone #** (\_\_\_\_\_) \_\_\_\_\_ **Evening Phone #** (\_\_\_\_\_) \_\_\_\_\_

**SMH Employee** (circle one) Yes N **STFPD Employee** (circle one) Yes N

**Place of Employment** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

\*Must provide at least one (1) E-mail address on this form.

**Emergency Contact #3**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

First Name Last Name

**Address** \_\_\_\_\_

Street City State Zip

**Daytime Phone #** (\_\_\_\_\_) \_\_\_\_\_ **Evening Phone #** (\_\_\_\_\_) \_\_\_\_\_

**SMH Employee** (circle one) Yes N **STFPD Employee** (circle one) Yes N

**Place of Employment** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

\*Must provide at least one (1) E-mail address on this form.

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**Pick Up**

Each camper will be issued an individual security card, which is used to release or sign out the camper. In order for the camper to be released or signed out, the security card must be presented to a Fit as a Firefighter staff member during carpool or at the office during camp hours. If someone does not have a security card and wishes to pick up your child, they must present their driver's license and be listed below.

Number of Security Cards \_\_\_\_\_

List **ALL** people, including the emergency contacts listed on the previous page, who are authorized to pick up your child from *Fit as a Firefighter Summer Camp*. Security card or driver's license is required for pick up.

If someone is not listed on this form, they **CANNOT** pick up your child.

	Name	Relationship
1		
2		
3		
4		
5		
6		

List anyone **NOT ALLOWED** to pick up your child from *Fit as a Firefighter Summer Camp*.

	Name
1	
2	
3	

2026 FAAFF Camper's Name \_\_\_\_\_  
 First Name Last Name

**Medical Information**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M F  
 (circle one)

Doctor's Name \_\_\_\_\_ Doctor's Phone # ( \_\_\_\_\_)

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Check all that apply. Use the comment section below to explain.

<b>Allergies</b> (specify below)	<input type="checkbox"/>	<b>Glasses/Contact Lens</b>	<input type="checkbox"/>
<b>Asthma</b>	<input type="checkbox"/>	<b>Heart Conditions</b>	<input type="checkbox"/>
<b>Diabetes</b>	<input type="checkbox"/>	<b>Other</b> (specify below)	<input type="checkbox"/>
<b>Epilepsy</b>	<input type="checkbox"/>		

<b>Comments</b>	

I understand that in a case of emergency, the paramedics will transport my child to the nearest available medical facility. In all cases, a decision of that nature will be left to the discretion of the paramedics. In cases where the paramedics have an option of which medical facility to bring my child, please bring my child to the following medical facility \_\_\_\_\_.

(Name of medical facility)

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

**Medication Authorization Form**

List **ALL** medications, including prescription and over-the-counter drugs, your child is currently taking and why. Check if your child will need any of the listed medications administered during camp hours (8:00 AM – 3:00 PM).

All medication must be brought to camp in the original packaging with dosage instructions. Medication must be signed in and signed out each day of camp. If your child has a rescue medicine, such as an inhaler or epinephrine injector, it will be kept with your child's assigned group leaders.

Medication	Reason	Dosage/Route	Time	Administered during camp
				<input type="checkbox"/>

Check if your child can have any of the listed over-the-counter medications administered during camp hours (8:00 AM – 3 PM). We will notify the emergency contacts before any over-the-counter medication is administered.

<b>Acetaminophen</b> (Tylenol)	<input type="checkbox"/>	<b>Diphenhydramine</b> (Benadryl)	<input type="checkbox"/>
<b>Ibuprofen</b> (Advil, Motrin)	<input type="checkbox"/>	<b>Hydrocortisone Cream</b>	<input type="checkbox"/>

Do NOT administer any medications to my child during camp hours (8:00 AM – 3 PM).

Sunscreen (NO-AD Kids, SPF 50) may be applied to my child during camp hours (8:00 AM – 3 PM).

Parent/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**Consent and Release**

- 1 I give permission for any necessary emergency and medical treatment that may be required due to injury during *Fit as a Firefighter Summer Camp*. This does not in any way hold the camp financially responsible or otherwise liable for any medical or emergency care given. I further understand that I am fully responsible for all medical charges incurred.
- 2 I permit the free use of my child's name, all other names listed on this form, and pictures of my child at camp in broadcast, telecast, newspapers, brochures and any other form of communication to which such use may be applied. I permit my child to participate in all activities.
- 3 I certify that I am aware that my child may be involved in physical activities such as: aerobics, team sports, relays, dancing, outdoor activities, and I am aware of all the inherent risks associated with these activities. I give full consent for my child to participate in the activities involved in camp.
- 4 I understand that all fees are nonrefundable. **No exceptions.**
- 5 I will label all belongings my child brings to camp with their first and last name.
- 6 I will not allow my child to bring money, toys, electronics, trading cards, or other personal items to camp. Personal cell phones are not allowed.
- 7 I understand neither Slidell Memorial Hospital nor St. Tammany Fire Protection District No. 1 are responsible for lost, stolen or damaged items.
- 8 I understand my child must wear a *Fit as a Firefighter Summer Camp* T-shirt each day. If they arrive any day without a camp T-shirt on, I must purchase a new T-shirt for \$10.00 or my child will be sent home.
- 9 I understand my child must bring a non-perishable nutritious lunch to camp every day.
- 10) I understand that my child must abide by the following rules. If they violate any of the rules listed below, a warning will be issued for the first offense. A second offense will result in suspension. A third offense will result in expulsion from *Fit as a Firefighter Summer Camp*.
  - Listen to the staff and follow their directions.
  - Respect other people's belongings by not touching or using their stuff without permission.
  - Not hit or fight with other people.
  - Never use inappropriate language, such as "shut up", "stupid", "dumb", etc.
  - Respect other's feelings by having a positive attitude when talking to them.

**Parent/Guardian  
Signature**

**Date**



## St. Tammany Fire Protection District No. 1

Chris Kaufmann, Fire Chief

1358 Corporate Square  
Slidell, LA 70458

Phone: (985) 649-3665 Fax: (985) 646-4865



### **AGREEMENT TO HOLD HARMLESS, DEFEND AND INDEMNIFY**

WHEREAS, \_\_\_\_\_, wishes to participate in the Fit as a Firefighter Camp (“Program”) at the STFPD1 Training Grounds located at 34780 South Range Road (hereinafter sometimes collectively referred to as Training Grounds) belonging to, or under the custody or control of the St. Tammany Parish Fire Protection District No. 1 for the purpose of training and education; and

WHEREAS, the St. Tammany Parish Fire Protection District No. 1 is willing to allow such activities at the sole risk of the undersigned individual; and

WHEREAS, the Program is operated by St. Tammany Parish Fire Protection District No. 1 in conjunction with St. Tammany Parish Hospital Service District No. 2, d/b/a Slidell Memorial Hospital (“Slidell Memorial Hospital”); and

WHEREAS, the undersigned individual hereby realizes and acknowledges that activities involved in using the Training Grounds and participation in the Program may entail risks and/or dangers for which the undersigned individual assumes full responsibility; and

NOW THEREFORE, IN CONSIDERATION OF PERMITTING THE FOREGOING ACTIVITY AT THE SPECIAL INSTANCE AND REQUEST OF THE UNDERSIGNED INDIVIDUAL/LEGAL GARDIAN, SAID INDIVIDUAL, DOES HEREBY , FOR AND ON BEHALF OF HIMSELF AND/OR HERSELF, HIS/HER HEIRS, AND ASSIGNS, RELEASE, ACQUIT AND FOREVER DISCHARGE ST. TAMMANY FIRE DISTRICT NO. 1 AND SLIDELL MEMORIAL HOSPITAL AND THEIR RESPECTIVE BOARD OF COMMISSIONERS, OFFICERS, AGENTS, EMPLOYEES, SERVANTS, AND ALL AFFILIATED PERSONS AND ENTITIES, OF AND FROM ANY AND ALL LIABILITY FROM WHATEVER HARM, LOSS, INJURY, ILLNESS AND/OR DAMAGE SUSTAINED AT ANY TIME THAT MAY RESULT FROM THE ACTIVITIES RELATING TO OR IN ANY WAY CONNECTED WITH PARTICIPATION IN THE PROGRAM AND USE OF THE TRAINING GROUNDS, WHETHER SUCH INJURY OR ILLNESS IS CAUSED IN WHOLE OR PART BY THE FAULT, NEGLIGENCE, ACTS, ERRORS OR OMISSIONS OF ANY FIRE DISTRICT PERSONNEL OR BY ANY VICE, DEFECT, WHETHER LATENT OR APPARENT, ON ANY PROPERTY (MOVABLE OR IMMOVABLE) REGARDLESS OF WHETHER OWNED, OPERATED, OR CONTROLLED BY THE FIRE DISTRICT.

I acknowledge that I have read this Agreement to Hold Harmless, Defend and Indemnify, that I fully understand the language contained therein, and that I have had the opportunity to consult with an attorney of my choosing before signing this Agreement.

Participant: \_\_\_\_\_ Printed name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Printed name : \_\_\_\_\_

Relation: \_\_\_\_\_ Contact Number: \_\_\_\_\_