Application for Cadet

Date:			
Name:	S.S. #	S.S. #	
Mailing Address:	City	Zip	
Home Address:	City	Zip	
Date of Birth:			
Parent's Name(s):			
Parent's Work Telephone:			
Do you have any physical or medical deficient duties? If yes, explain:	cies which would impair your a	, , , , ,	
Allergies:		Allergic Reaction to Bites:	
IN CASE of Emergency Notify:	Telephone:		
PARENTS' (We, the parents or legal guardians of the above minor und attend and to participate in the activities of the Ebbetts Pas The above said minor has our full permission to participate	ss Fire District.		
to be treated as if he/she was a Cadet Firefighter of the Cade We understand that our son/daughter may spend extended sleep in facilities in close proximity to members of the oputilized by both cadets and adult members of the Fire Distragree to permit our son/daughter to utilize without limitat	det Program of the Ebbetts Pass Fire D d periods of time at the Ebbetts Pass Fi posite sex. We further understand the ict. Notwithstanding the foregoing, v	Pistrict. ire District facility and that he/she may hat said sleeping accommodations are	
We hereby release and forever discharge the Ebbetts Pass any and all liability arising out of injury to and/or death of tor any activity of the Ebbetts Pass Fire District.			
Date:	Signed:		
	Signature(s) of Parent(s)		