



Lehigh Acres Fire Control & Rescue District

Fire Cadet Post #102 U18 Consent Form



(For cadets and guests under 18 years of age)

CADET INFORMATION:

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: (_____) _____ - _____

Work/Cell Number: (_____) _____ - _____

Email: _____

Age: _____ Date of Birth: ____/____/____ Gender: **M** or **F**
MM DD YYYY

I, the below named legal guardian, approve _____ (Cadet name),
the above referenced applicant, to participate in the Fire Cadet Program with Lehigh Acres Fire
Control and Rescue District (LAFCRD).

PARENTS/GUARDIANS: (Please read all of the statements before giving your approval for
participation in the program listed above.) I hereby approve and agree to all of the terms,
conditions, and waiver of claims of this CONSENT FORM and certify to its correctness. I also
certify that I am the legal guardian of the above referenced applicant, and have authority to sign
this release.

Being involved in a Fire Cadet Program can be physically demanding at times and by signing
below, I agree that the above referenced applicant can meet the health and physical fitness
requirements of such activities. I also agree that the above referenced applicant has permission
to engage in all activities, except as noted by me in writing to an Advisor of LAFCRD.

Permission/Authorization/Release: In the event the applicant becomes ill or is injured while participating in the LAFCRD Cadet Program, I authorize the “person in charge” (defined as the person in charge of the LAFCRD Cadet Program, or their designee) to use their own discretion in providing for/ordering emergency medical services for the applicant. Further, I hereby authorize and give permission to the person in charge to authorize the hospitalization of the applicant and to secure proper treatment for, and to order injections, anesthesia, x-rays, diagnostic procedures and/or surgery, for the applicant. I also agree to be responsible for all medical bills because of said treatments and will indemnify the Lehigh Acres Fire Control and Rescue District and hold the same harmless. It is understood that in the event of a serious illness or injury, if possible, reasonable efforts to reach the emergency contact information listed below will be attempted prior to any procedures or treatment.

I am aware that any false statements made on this application will cause the applicant to be removed from further consideration for membership. I agree to follow all items listed in Cadet Post #102’s Standard Operating Guidelines and other rules and regulations.

By submitting this form as part of my application to Lehigh Acres Fire Control and Rescue District for the Cadet Program, I understand that any acceptance of the applicant will be contingent upon the results of a thorough character investigation conducted by the Lehigh Acres Fire Control and Rescue District. This investigation may include, but is not limited to, criminal records checks by computer, contacts with law enforcement agencies, personal references, employers (past & present), and school officials. I hereby give permission for Lehigh Acres Fire Control and Rescue District to conduct a background check on the applicant. This is done for the protection of all members in the Cadet Program, LAFCRD, and of the public. It is also understood that final acceptance into the Cadet Program is pending this background check.

I hereby waive any claim against the Lehigh Acres Fire Control and Rescue District, its officers, and employees, the Fire Chief, and all members of the Fire District for pursuing an aggressive and detailed background investigation into the applicant for Fire Cadet. I understand that such investigation shall remain confidential whether or not the applicant is allowed membership as a Lehigh Acres Fire Control and Rescue District Cadet.

In consideration of the LAFCRD permitting the applicant to participate in the LAFCRD Cadet Program, the undersigned, for ourselves and our heirs, executors, administrators, successors, and assigns, hereby waive and release any and all rights and claims for damages which we may have against LAFCRD as well as any other person connected with the LAFCRD Cadet Program and activities, including said persons’ heirs, executors,



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Required Information:

Insurance company:

Policy No: _____

Primary Physician: _____

Physician's Telephone No: (_____) _____

Applicant's Allergies: _____

Applicant's Medications: _____

Please list any health related concerns for the Applicant:

Please list any restrictions for the Applicant:

SIGNATURES:

Applicant's Name (Printed): _____

Applicant's Signature: _____

Date: _____

Parental Information:

Parent/Guardian Name: _____

Address: _____

Phone: (____) _____ - _____ Work/Cell Number: (____) _____ - _____

Parent/Guardian Email: _____

Additional Parent/Guardian Name: _____

Address: _____

Phone: (____) _____ - _____ Work/Cell Number (____) _____ - _____

Additional Parent/Guardian Email: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was sworn to and acknowledged before me this _____ day of _____, 20__, by _____ and Who is ☐ personally known to me or who has ☐ produced _____ as identification.

Notary Public

NOTARY SEAL

Print Name of Notary Public