

# JR. FF PERMISSION FORM

SCKFA Fire School Policy: This form must be submitted with **PAYMENT** for all Jr. FFs **UNDER 18 YEARS OF AGE**. In addition, there is a **zero-tolerance policy** for any person exhibiting disruptive or disrespectful behavior. In the event of an incident, the parents (guardian) and the fire chief of the student will be contacted.

**NOTE: MUST BE FROM A JR. FF PROGRAM RECOGNIZED BY THE KY FIRE COMMISSION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of class(es) (see page 7): \_\_\_\_\_

Name of recognized Jr. Firefighter program: \_\_\_\_\_

## STATEMENT OF PARENTAL CONSENT

I, \_\_\_\_\_, as parent or legal guardian of the above-named student, do hereby give permission for my son or daughter to participate in the course(s) listed above. I understand that some classes require a certain level of skill/experience and ability and that by signing this form, I attest that I have evaluated my dependent's ability to perform in the above-named class(es) and believe that my dependent is capable of performing such tasks. My signature also acknowledges that I have read the SCKFA Fire School's **zero tolerance policy** concerning disruptive or disrespectful behavior (above) and I understand that my son or daughter will be removed from class if found to be in violation of this policy.

\_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Signature of Parent or Guardian (Not valid without Signature)

\_\_\_\_\_  
Signature of Fire Chief or Advisor (Not valid without Signature)

## Emergency Contact Info:

Parent/Guardian:  
Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Fire Chief/Advisor:  
Name: \_\_\_\_\_  
Fire Dept Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Failure to provide a completed form with registration will result in removal from course selected.**

**Mail with Payment to:** South Central Kentucky Firefighters Association  
PO Box 323  
Franklin, KY 42135