



Bucket Brigade Summer Camp 2025 Information



The **Fire Cadet Bucket Brigade Camps** are an excellent way for youth to experience a week in the life of a firefighter. Each day, participants learn and experience a variety of firefighter skills. Along with the experience and adrenaline rush, students will walk away learning about fire safety, hooking up to hydrants, spraying fire hoses, using breathing apparatus to search, and so much more!

These four-day day camps offer an action-packed, high-adrenaline experience of a lifetime that will make your friends ask, *“So what did you do this summer?”*

Ages: 14-18 years old (as of the first day of camp)

Camp Dates:

Tuesday, August 12th - Friday, August 15th, 2025.



Location: Calgary Fire Department – Fire Training Academy, 5727-23 Avenue SE, Calgary

Cost: \$425 (includes four-days of activities, camp t-shirt, water bottle, certificate, use of fire gear, and a final day lunch.)

Spaces are limited and filled on a first-come-first-served basis, so please submit your application as soon as possible.

Cancellations & Refunds

- Cancellations made fourteen days or more before the programs start date will receive a full refund.
- Cancellations between 3 and 13 days prior to the program start date will receive a 50% refund.
- Cancellations 2 or less days prior to the start of the program will not receive a refund.
- Cancellations for medical reasons from 2 days prior to the program start date to 13 days prior, with a note from a medical doctor, will receive a 75% refund.
- Cancellations made after the camp starts, with or without a note from a medical doctor, will not receive a refund.

Information and additional copies of forms can be downloaded from www.calgary.ca/firecadets or by calling the Fire Cadet office.



Bucket Brigade Summer Camp 2025 Information



Registration Form Form 1

Personal Information Section			
FIRST NAME	LAST NAME		
ADDRESS	POSTAL CODE	AGE (as of August 12/2025)	BIRTHDAY MM/DD/YYYY
CITY	E-MAIL ADDRESS		
PARTICIPANT PHONE NUMBER	T-SHIRT SIZE (XS, S, M, L, XL)	CELL PHONE NUMBER	
DATE	STUDENT'S SIGNATURE		
NAME OF PARENT/GUARDIAN	PARENT/GUARDIAN'S SIGNATURE		
PARENT/GUARDIAN CONTACT PHONE NUMBER	SCHOOL	GRADE (as of June 2025)	
WHERE DID YOU HEAR ABOUT THE BUCKET BRIGADE CAMPS?			

Camp Selection	August 12-15, 2025	August 19-22, 2024
We are currently only offering one camp in 2025.		
Please note: Each camp has a limited number of spaces available. Spaces are filled in the order in which completed registrations are received. You will be contacted as soon as possible to confirm placement.		

Payment - \$425 per camper/week Price includes all activities and t-shirts	
<input type="checkbox"/>	Cash (drop off only – please do not mail cash)
<input type="checkbox"/>	Cheque (made payable to “Calgary Fire Department”)
<input type="checkbox"/>	

Make sure to include all of the following in your application package:	
1 – Application Form (this sheet)	<input type="checkbox"/>
2 – Medical Clearance Form	<input type="checkbox"/>
3 – Physical Activity Readiness Questionnaire (PAR-Q)	<input type="checkbox"/>
4 – Media Consent	<input type="checkbox"/>
5 – Participant Risk Acknowledgement	<input type="checkbox"/>
6 – Medical Release	<input type="checkbox"/>
7 – Payment	<input type="checkbox"/>

Additional copies of forms can be downloaded from www.calgary.ca/firecadets.

Submit your completed package, by mail or in person, to:

**Fire Cadet Office
5727 – 23 Avenue SE
Calgary, Alberta T2B 3E2**

This information is being collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act [FOIP]. It will be used for identification purposes only. Inquiries about collecting this information should be directed to Training Officer Alex Aloisi at the Fire Department Cadet Academy, 5727 – 23 Avenue SE, Calgary, Alberta T2B 3E2, (403) 268-8750



Bucket Brigade 2025



Medical Clearance Information

Form 1
Page 1 of 2

INTRODUCTION:

The Bucket Brigade 2025 event involves activities which can be physically demanding and stressful. To minimize the health risk, participants and their parent(s)/legal guardian(s) are required to become informed of the nature of the work and, if needed, consult with a doctor to obtain an opinion on your child/ward's ability to participate in the program.

BUCKET BRIGADE PRACTICAL CURRICULUM:

There is an element of risk or injury inherent in the Bucket Brigade 2025 event. Participants will be put in physically demanding training activities. Participants will spend six hours, a combination of lecture and practical skills in various Firefighter areas, which may include, but is not limited to:

- Ropes and knots
- Search & Rescue
- Hose evolutions

Examples of tasks in which participants may be required to complete:

- Carrying equipment up and down stairs in a building and around training grounds,
- Advancing charged hose lines,
- Working overhead with a pike pole or equipment,
- Tying ropes
- Crawling through confined spaces
- Lifting or dragging victims or dummies in an obstacle course

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Medical Clearance Information

Form 1

Page 2 of 2

SUMMARY OF STRESSES:

This summary based on stresses that may be encountered by the Bucket Brigade 2025 participant. All Bucket Brigade 2025 participants' activities occur in a supervised and controlled environment. Tasks are broken down into manageable segments to avoid overloading the body. All tasks performed are voluntary and can be stopped if the participant wishes. All scenarios are done in a training atmosphere; therefore, activities can be stopped at any time if there appears to be any risk of injury or danger.

During practical activities, participants are required to wear "turn-out gear," which consists of firefighting pants and boots (approx. 6 kgs [13 lbs]) and a firefighting duty coat and fire helmet (approx. 4 kgs [9 lbs]).

The following is a list of factors that will increase the difficulty of the physical demands that are required during tasks:

1. Turn-out gear and equipment restrict movement and visibility, add weight to the individual and require an increased respiratory effort while wearing "turn-out gear."
2. The tools and firefighter equipment are often heavy and frequently used in awkward positions.
3. Environmental conditions (heat, cold, snow, wind, ice, rain, etc) can add difficulty to the tasks, which can cause significant fluctuations in body temperature.

If you have any questions or concerns about your child's/ward's ability to participate in this program, please consult with your family physician to discuss further. Participants, and/or their legal guardian or parent, assume all risk and responsibility for their participation in this program, or ability to do so, and hold the Calgary Fire Department, the City of Calgary, and/or its partners free of any and all indemnity or liability. or indemnity.

I have read and, understand the information contained in this form, and certify that my child/ward can complete the activities and tasks involved in the Bucket Brigade 2025 event as described above.

Dated at Calgary, Alberta this ____ day of _____, 20____.
(Day) (Month) (Year)

(Print participant's full name)

(Name of parent/guardian)

(Signature of parent/guardian)

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Physical Activity Readiness Questionnaire [PAR-Q]

Form 2

Please read the following questions carefully and answer each one honestly by checking only one of the boxes.

Please answer the following for your child/ward attending the event:

YES NO

- ☐ ☐ Has your doctor ever said that your child/ward has a heart condition and recommended only medically approved physical activity?
- ☐ ☐ Does your child/ward have chest pain brought on by physical activity?
- ☐ ☐ Has your child/ward developed chest pain at rest in the past month?
- ☐ ☐ Does your child/ward lose consciousness or balance as a result of dizziness?
- ☐ ☐ Does your child/ward have a joint or bone problem that could be aggravated by prescribed activity?
- ☐ ☐ Is your child/ward's doctor currently prescribing medication for your blood pressure or heart condition?
- ☐ ☐ Has your child/ward been pregnant within the last six (6) months?
- ☐ ☐ Are you aware, through experience or a doctor's advice, of any other reason against your child/ward exercising without medical approval?
- ☐ ☐ Are you aware of any reason that your child/ward may not be able to participate in the program curriculum as outlined in "Form 1 – Medical Clearance Information"?
Explain: _____

I have read, understood and completed this questionnaire.

Dated at Calgary, Alberta this ____ day of _____, 20____.
(Day) (Month) (Year)

(Print participant's full name)

(Name of parent/guardian)

(Signature of parent/guardian)

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Media Consent Form 3

Occasionally, we receive requests from newspaper and television reporters to visit our program and report on an aspect of the curriculum. Reporters may want to take general classroom photographs or film activities to accompany their stories.

The staff carefully considers requests of this nature, and approval may only be granted by the Fire Chief or his designate. While we attempt to cooperate with the media when possible and encourage public celebration of our achievements, we recognize there are instances where individuals do not welcome publicity of this nature.

Occasionally, we update our web page and may wish to include individual or group photos and videos. During the program, we also take photographs and videos to share them with the participants after the program ends.

Therefore, parents/guardians of Bucket Brigade 2025 participants are asked to consider whether they approve or disapprove of their child/ward possibly appearing in a newspaper or being televised while involved in the Bucket Brigade 2025 activities, being part of Bucket Brigade 2025 or other promotional material or having photos and video shared with other participants. If you wish to allow your child/ward's image to be photographed, televised, or recorded, please sign the authorization below.

I hereby authorize and give permission to the City of Calgary, including its directors, officers, agents, employees, successors and assigns, to use images of myself or my child/ward recorded during Bucket Brigade 2025. I further authorize and give permission to the City of Calgary, to permit newspapers and television reporters to take general classroom photographs or film activities of my child/ward during Bucket Brigade 2025. I release full rights to these images and consent to use such material or its reproduction in any manner and by any medium that the City of Calgary may deem appropriate.

Dated at Calgary, Alberta this ____ day of _____, 20____.
(Day) (Month) (Year)

(Print participant's full name)

(Name of guardian)

(Signature of guardian)

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Participant Risk Acknowledgement, Release, Waiver of Claim, and Assumption of Risk for Programs With An Element of High Risk Form 4

There are risks and hazards associated with the Bucket Brigade event 2025, including the ones described in these participation forms 1-5. As a result of these risks and hazards, my child/ward could suffer injury, death, property damage, or other harm. In consideration of my child's/ward's participation in The Bucket Brigade 2025, I freely and voluntarily agree and acknowledge that:

1. I am a parent or guardian of a participant in the Bucket Brigade Event 2025 who is under the age of 18 years.
2. My child/ward meets all the required prerequisites for Bucket Brigade 2025 participation. (See form 2, which has been completed and signed).
3. My child/ward will abide by the rules and regulations imposed on participants in The Program.
4. I accept and assume any and all risks and hazards inherent in The Program (including personal injury, death or property loss), and accordingly, my child's/ward's participation in Bucket Brigade 2025 is entirely at my own risk.
5. I waive any claim I and my child/ward may have against The City of Calgary ("The City") arising from my child's/ward's participation in Bucket Brigade 2025, and I release, indemnify, and hold harmless The City, its employees, and agents for any claims damages or costs incurred by The City, its employees or agents related to my child's/ward's participation in the Bucket Brigade Event 2025 including any claims, demands, or lawsuits initiated on my child's/ward's behalf, except for claims, damages or costs resulting from gross negligence on the part of The City, its employees, and agents.
6. The City may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's/ward's health and safety, and I shall be financially responsible for such advice and services.
7. I have **CAREFULLY READ** the Participant Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk, fully understand it, and am freely signing it.

Dated at Calgary, Alberta this ____ day of _____, 20____.
(Day) (Month) (Year)

(Print participant's full name)

(Name of Parent/Guardian)

(Parent/Guardian's signature)

(Name of Witness)

(Witness signature)

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Medical Release Form

Form 5

I (we), the undersigned, parent(s) or legal guardian of (Participant's Name in Full) _____, a minor, do hereby authorize the Calgary Fire Department and assigned personnel to provide the following medical information to emergency healthcare providers if so required.

Participant's Name in Full _____

Address _____ City _____

Postal Code _____ Home phone _____

Birth Date _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____ Relation to Participant _____

Please complete the following in full:

1. List any allergies to food or medications that the youth have: _____

2. Does the youth take any medication regularly? Yes No

If yes, please list: _____

3. List any unique medical conditions or concerns to be aware of: _____

4. Name of Family Doctor / Physician: _____

5. Clinic Address: _____ Phone #: _____

6. Emergency contacts:

#1. Name: _____ Phone #: _____

Relationship to Participant: _____

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