

## North Carolina High School Firefighter Challenge Program Application Packet

The North Carolina High School Firefighter Challenge offers a unique opportunity for high school students from across our state to come together for a week-long fire and rescue training program in the mountains of NC. The program, held each summer in Weaverville, NC, is open to high school students currently enrolled in a High School Fire Tech Program or Junior Firefighter Program.

Students participate in a physically and mentally intensive week of hands-on training, competition, and networking opportunities with some of the leading fire instructors from across our state. Topics covered include rescue, extrication, rappelling, search, fire behavior, ventilation, and forcible entry, among others. Lodging, meals, and chaperones are provided.

This program is made possible through partnerships with Rhinehart Fire Services, Rescue South, NC Association of Fire Chiefs, Buncombe County Firefighter's Association, VFIS, Buncombe County Emergency Services, AB Tech, Mars Hill University, Axe and Awl Leatherworks, and the NC Office of State Fire Marshal.













## NC HIGH SCHOOL FIREFIGHTER CHALLENGE APPLICATION & MEDICAL FORM

Monday, June 16, 2025 - Friday, June 20, 2025

Applications are due by 5pm on April 25, 2025.

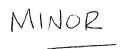
Notifications of acceptance will be sent by May 2, 2025.

Program fee of \$175 will be due upon acceptance. More information will be provided in acceptance letter.

Submit completed application packet to Greg Palmer - greg.palmer@ncdoi.gov

Full Nam	ne:									
Date of Birth: Last 4 of SSN:							Phone:			
Address:							irt Size: S N	1 L XI	_ 2X	3X
City and Zip Code:				Male Female		e Glov	Glove Size: S M L XL			
Email:				Current Grade Level:		l:	FD Affiliated: Yes No			
		FIRE	ACADEMY/DEPARTN	MENT INFOR	RMATI	ON				
School/F	ire Department Name:									
City:			Zip Code:	Zip Code: Fire Te			echnology II Completed: Yes No			
Instructor/Chief Name:			Phone:	Phone: Email:						
Instructo	r/Chief Approval:					'				
MEDICA	L INFORMATION									
Check all	items that apply, past or present,									
ALLERGI	ES: Food, plants, medicines, insect	bites Yes †	No† Explain:							
GENERA	L INFORMATION:	Van Na	T	V	NI -	1		\/	NI-	_
	A 11	Yes No		Yes +	No †	11 12		Yes †	No +	4
	Asthma Attention Deficit/Hyperactivity	<u>                                     </u>	Convulsions/seizures	<u> </u>	<u> </u>	Hemophilia		<u> </u>	<del>-</del>	4
	Disorder (ADHD)	l I	Diabetes	<u> </u>	I	High blood	pressure	l	 	
	Cancer/Leukemia	<u>† † </u>	Heart trouble	<u> </u>	<u> †                                    </u>	Kidney dis	ease	<u>    †                                </u>	<u> †                                   </u>	
Explain: _										
List any m	edications to be taken during the ac	tivity								
List ALL n	nedications taken in the 30 days pric	or to arrival								
List any p	hysical or behavioral conditions that	may affect or lim	it full participation							
List Anuin	ment needed such as wheelchair, br	aros ulassos ru	ontact longes ofc							
	ATIONS (Date of last inoculation):	•	ontact icriscs, etc.							
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			e (not required)	Polio			TetanusToxoid			
'	Diphtheria Measles Hepatitis B Mumps						retarius	TOXUIU _		
не	pallis B	_ iviumps								
PARENT/	GUARDIAN INFORMATION:									
Name of parent or guardian				Telephone						
Home add	ress									
City						State_		Zip		
Name of personal physician				Telephone						
Personal health/accident insurance carrier										

In case of emergency during the activity, notify:								
Name:						_		
Relationship:		Email Address						
Street address			City		State	Zip		
( )		)		<u>       (     )                        </u>				
Area Code Day Pho		ŭ	Phone	Area Code	Mobile Ph	none		
If person named above i	s not available in the event o	of an emergency,	notify:					
Name	Relationship	Telephone	En	nail Address				
Name	Relationship	Telephone	Email Address					
be reached, I hereby give	nderstand every effort will be m my permission to the licensed a, surgery, or injections of med rdian	health-care practit	tioner selected b	y the leader in charge to adult).	o secure prop			
STATEMENT OF UNDER	STANDING and SIGNATURE	S (To be comple	eted by all adul	t and youth participar	nts)			
I understand the importance of providing accurate medical information, and I certify to the accuracy of the foregoing information and that I am in good health and know of no personal physical limitations that would prevent my full participation in the event (unless noted).  I understand that in the event of a serious illness or injury, reasonable efforts to notify those listed in case of emergency will be attempted.			In the event of illness or injury occurring to me or to my son/daughter (if applicant is younger than 18) during attendance at the event, I do hereby consent to whatever X-ray examination, anesthesia, medical or surgical diagnostic procedure, or treatment is considered reasonable and necessary in the best judgment of the attending licensed physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.					
Does your group curre Insurer:	ently have accident and si	ickness insurand	ce on adults a	nd your participants	6? Yes	No		
Policy expiration date		Policy No	0					
Signature of participal	nt			Date				
Signature of parent or	guardian		Date					
Signature of Teacher of	r Chief	Date						
PHYSICIAN'S OR LIC Approved for participation Specify exceptions		VALUATION CTITIONER'S E	· VALUATION					
Recommendations (exp	lain any restrictions OR limitat	ions):						
Signed by Physician or I	icensed health-care practition	ner*		Date				
*Examinations conducted by	licensed health-care practitioners othe	r than physicians will b	e recognized.					



INDIVIDUAL WAIVER

**BUNCOMBE COUNTY** 

## RELEASE OF LIABILITY FOR USE OF PUBLIC SAFETY TRAINING FACILITY

In consideration of permission to use the Public Safety Training Facility, I do hereby agree to release Buncombe County ("County") and Asheville-Buncombe Technical College ("AB Tech") as well as their respective officers, agents, and employees from any and all claims, damages, or rights of action which I may suffer while at such Facility, in all instances except where the County and/or AB Tech is primarily negligent through an act or omission, including but not limited to training for purposes of first responder, rescue, emergency personnel and law enforcement or other uses of the property as well as personal or property damage resulting from tripping or falling on the property. In addition, I further acknowledge and agree to release the aforementioned parties from any claims, damages or rights of action resulting from damage to my personal property (including but not limited to an automobile) that may occur while at the Public Safety Training Facility. Finally, I acknowledge that the Buncombe County and Asheville-Buncombe Technical College, including its agents and employees are not responsible for lost or stolen items brought to the Public Safety Training Facility.

## Participant Information

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Participant Name:	NCDL#	
Parent Name / Address:		
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Phone:		
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Participant Signature		
Tarticipant signature		
Parent / Legal Guardian Signat	uro	
Parent / Legal Guardian Signat	ure	
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