



YOUTH FIRE ACADEMY

July 20th – 24th, 2026

9:00 A.M – 3:00 P.M.



Please email the completed application to:
 Sgt. Myles Pierce
 Email: mpierce@whitelaketwp.com

Please complete the following information and return it by **June 5th, 2026**. Submit one form per cadet. For safety reasons, an email address and completed emergency contact information **MUST** be included.

CADET INFORMATION (Please print):

Last Name	First Name	Middle Name
Street Address	City	Zip Code
Parent's / Legal Guardian Email	Home Phone	Cell Phone
Secondary Email Address	T-shirt size: (Adult size) XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>	Short size: (Adult size) XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
If youth sizes are needed, please indicate here:		

PARENT / LEGAL GUARDIAN CONTACT INFORMATION (MANDATORY – Please print):

Cadet's Name	Grade – Fall of 2026	Date of Birth
Primary Contact	Relationship	Phone number
Address (if different than cadet's)		
Secondary Contact	Relationship	Phone number
Address (if different than cadet's)		
Medical Information: <input type="checkbox"/> None <input type="checkbox"/> Convulsive Disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies (i.e. stings) <input type="checkbox"/> List Other _____		
Please describe symptoms and precautions: _____		
Additional medical information we should know: _____		
List dietary restrictions and/or food allergies:		
Other person(s) authorized to pick-up student:		
<p>By signing below and submitting this registration, the undersigned parent and/or legal guardian, hereby holds harmless and releases and agrees to indemnify and not to sue White Lake Township and the White Lake Township Fire Department, its officers, volunteers, and employees with respect to any and all liability, losses, claims, demands, suits, causes of action and damages on account of injury or death to my child or ward, or any other person or loss to any property, whether caused by any negligent, grossly negligent or tortious act or omission of White Lake Township or its employees or instructors or otherwise, in connection with my child/ward's participation in the White Lake Township Fire Department Youth Fire Academy, or the use of any facility or equipment in connection with same. I authorize White Lake Township to seek emergency medical treatment for my child in case of injury, accident or illness. I hereby give my consent for White Lake Township to use, without compensation to me or anyone else, photographs and video and audio recordings of my minor child/ward participating in the Youth Fire Academy in future White Lake Township community brochures, newsletters, flyers, advertising and Township-sponsored website postings. I have read this agreement, and I agree to its contents.</p>		
Parent or Legal Guardian's Signature	Print Name	Date



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CADET INFORMATION (Please print):

Last Name	First Name	Middle Name

Please complete the following questions (If you need additional space, please attach a separate sheet):

1. Write a brief statement about yourself that you would like to share. This should include some of your hobbies, interests, family, favored school subjects, future plan, etc. _____

2. Why do you want to be a part of this Academy? _____

3. What do you feel makes you the right fit for the Youth Fire Academy? _____

4. What do you hope to learn/take away from this Academy? _____
