



Huron Shores Fire Department

7 Bridge St., P.O. Box 460, Iron Bridge, Ontario Canada, P0R 1H0
Tel. (705) 843-2033 Fax. (705) 843-2035 Email email@huronshores.ca
Fire Chief: Jim Kent

Release From Liability Fire Fighter Cadet Program

RE: _____

Name of Applicant

I, _____, being the custodial Parent Guardian
Name of Parent or Guardian

of _____ hereby grant my permission for him/her to fully
Name of Applicant

participate in the Huron Shores Fire Department Fire Fighter Cadet Program **Stn. 1** **Stn. 2**. As such, I forever release and hold harmless all of the members of the Huron Shores Fire Department and the Municipality of Huron Shores for all or any injuries, or damages that may result in allowing _____ to become a

Name of Applicant

Fire Fighter Cadet with the Huron Shores Fire Department and participating as such.

Signed this _____ day of _____ 20_____

at the _____ of _____

Signature of Parent or Guardian

Witness signature

CADET INFORMATION: Age: _____ Weight: _____ Height: _____

MAILING ADDRESS: _____

PHONE/CELL: _____ Social Ins. No. (SIN) _____

EMAIL: _____

MEDICAL RESTRICTIONS / CONDITIONS: _____

EMERGENCY CONTACT: _____ PHONE: _____

(if applicable) DRIVERS LICENCE # _____ - _____ - _____

CLASS _____ ENDORSEMENTS _____ RESTRICTIONS _____

HAVE YOU EVER HAD YOUR DRIVERS LICENCE SUSPENDED ___YES ___ NO

FOR OFFICE USE ONLY:

Station Acceptance Yes No _____

Deputy Chief

Date

DRIVER'S LICENCE MTO VERIFICATION Initial of checker _____

Date

Application Approved Yes No _____

Fire Chief

Date

Council Approval Yes No Resolution# _____ Date _____