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 Name:		
Date of Birth:	Last 4 of SSN:	Phone:
Address:		T-shirt Size: S M L XL 2X 3X
City and Zip Code:	Male Female	Glove Size: S M L XL
Email:	Current Grade Level:	FD Affiliated: Yes No
FIRE ACADEMY/DEPARTMENT INFORMATION		
School/Fire Department Name:		
City:	Zip Code:	Fire Technology II Completed: Yes No
Instructor/Chief Name:	Phone:	Email:
Instructor/Chief Approval:		

MEDICAL INFORMATION

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, plants, medicines, insect bites Yes ☐ No ☐ Explain: _____

GENERAL INFORMATION:

	Yes	No		Yes	No		Yes	No
Asthma	☐	☐	Convulsions/seizures	☐	☐	Hemophilia	☐	☐
Attention Deficit/Hyperactivity Disorder (ADHD)	☐	☐	Diabetes	☐	☐	High blood pressure	☐	☐
Cancer/Leukemia	☐	☐	Heart trouble	☐	☐	Kidney disease	☐	☐

Explain: _____

List any medications to be taken during the activity. _____

List ALL medications taken in the 30 days prior to arrival. _____

List any physical or behavioral conditions that may affect or limit full participation. _____

_____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc: _____

IMMUNIZATIONS (Date of last inoculation):

Chicken Pox _____	Lyme Disease (not required) _____	Pertussis _____	Rubella _____
Diphtheria _____	Measles _____	Polio _____	TetanusToxoid _____
Hepatitis B _____	Mumps _____		

PARENT/GUARDIAN INFORMATION:

Name of parent or guardian _____ Telephone _____

Home address _____

City _____ State _____ Zip _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy no. _____

In case of emergency during the activity, notify:

Name: _____

Relationship: _____ Email Address _____

Street address _____ City _____ State____ Zip_____

(____) _____ (____) _____ (____) _____

Area Code Day Phone Area Code Evening Phone Area Code Mobile Phone

If person named above is not available in the event of an emergency, notify:

Name	Relationship	Telephone	Email Address
Name	Relationship	Telephone	Email Address

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Signature of parent/guardian _____ **Date** _____

STATEMENT OF UNDERSTANDING and SIGNATURES (To be completed by all adult and youth participants)

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 currently have accident and sickness insurance on adults and your participants? Yes____ No____

Insurer: _____

Policy expiration date _____ ***Policy No.*** _____

Signature of participant _____ Date_____

Signature of parent or guardian _____ Date_____

Signature of Teacher or Chief _____ Date _____

REQUIRED FOR PARTICIPATION: COMPLETE THE PHYSICIAN'S OR LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION.

PHYSICIAN'S OR LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION

Approved for participation in all activities.

Specify exceptions _____

Recommendations (explain any restrictions OR limitations): _____

_____

Signed by Physician or Licensed health-care practitioner*_____Date_____

*Examinations conducted by licensed health-care practitioners other than physicians will be recognized.

MINOR

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

Participant Name: NCDL# _____
Parent Name / Address: _____
Phone: _____
_____ Participant Signature _____ Parent / Legal Guardian Signature