

JUNIOR FIREFIGHTER SIGNATURE FORM

I/we, the undersigned, do hereby declare that I/we are the parents and/or legal guardian of: _____

And do hereby give our consent to her participation in the Indiana Volunteer Firefighter's Association Junior Firefighter Competition. The Indiana Volunteer Firefighter's Association are in no way obligated or under contract to any person/persons or firms to supply any requirements for contestants, parents, legal guardians, or chaperones.

Parent/Legal Guardian

Date

I concur that _____ is an active member of
(Member of IVFA)
_____ and will represent our
(Volunteer Fire Department)

Fire Department in the State Junior Firefighter Competition.

(Chief/President of Volunteer Fire Department)

I concur that _____ will represent District _____
(Member IVFA) (District Number)

In the Junior Firefighter Competition at the annual Convention. I further concur that the sponsoring junior firefighter member's dues are current with the IVFA

(District Chairman)

(Date)

THIS FORM GOES TO THE DISTRICT CHAIRMAN FOR THE DISTRICT CONTEST AND HE/SHE FORWARDS IT TO THE IVFA OFFICE

IVFA OFFICE
PO BOX 4797
EVANSVILLE, IN 47724

** THE IVFA RESERVES THE RIGHT TO CANCEL OR CHANGE THE CONTEST UPON NOTIFICATION TO ALL PARTICIPANTS.