



# Wixom Fire Department

# CAMP 911 2025

**July 28<sup>th</sup>, 2025 - August 1<sup>st</sup>, 2025**

“Camp 911” is a week-long summer camp for Wixom residents 9-11 years old. Students participate in Search and Rescue, Fire Drills, Basic First Aid, Fire Hose Handling and Extinguisher Training.

**Return your registration early. Space is limited.**

**DATE:** July 28<sup>th</sup> through August 1<sup>st</sup>  
**TIME:** 9:11 a.m. - 1:00 p.m.  
**PLACE:** Wixom Fire Station  
1345 North Wixom Road  
**LIMIT:** 25 Students

**Bring a Sack Lunch. Snacks Provided, NO COST.**

### “CAMP 911” REGISTRATION FORM

**Camper Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Parent/Guardian** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**Has your child attended Camp 911 in previous years?**    **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

### HEALTH INFORMATION

Medical Condition(s) if any, staff should be aware of: \_\_\_\_\_

### EMERGENCY CONTACT (OTHER THAN PARENTS)

**Name:** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**Child's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Health Insurance Co.** \_\_\_\_\_ **Hospital Preferred** \_\_\_\_\_

I authorize the City of Wixom Fire Department to secure emergency medical attention for my child while in their care. By accepting my registration in the CAMP 911 program, I hereby understand that I release my rights or claims for damages I may have against the City of Wixom, its Instructors or City Staff, through which this program is conducted.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Return application to: City of Wixom Fire Department, 1345 N Wixom Road, Wixom, MI 48393

**REGISTRATION DEADLINE: JULY 21<sup>st</sup>**