



Wildwood City Fire Department

Cadet Program Application

Ages 10-17

Please type or print clearly.

Name:		Date of Birth:	Age:
Home Address:			
City:	State:	Zip Code:	
Parent/Guardian Name (<i>Primary Contact</i>):		Phone Number:	
		Email:	
Secondary Contact (<i>if not able to reach Primary</i>):		Phone Number:	
Parent/Guardian E-mail:		T-shirt size:	
Name of School Attending:		Grade Completed this Year:	
<i>I, as parent/Guardian of the above named child, hereby release all claims I have against the City of Wildwood, Wildwood City Fire Department, its officers and members with regard to the Wildwood City Fire Department Cadet Firefighter Program, and for injuries sustained as a result of my child's participation in the Cadet Firefighter Program. I understand that in exchange for this release, the City of Wildwood is allowing my child to participate in the Cadet Firefighter Program.</i>			
Parent / Guardian Signature:		Date:	
Send completed application by:			
Mail: Wildwood City Fire Department, Cadet Program 4400 New Jersey Ave Wildwood NJ 08260			
Email to: wcripps@wildwoodnj.org			
Fax: 609-729-7206			