



# 2026 DFW Fire Games

## Registration Form

### Saturday, May 2nd, 2026

Rowlett Fire Training Center, 8602 Schrade Rd., Rowlett, TX 75088

7:00 am - Check-in/Registration

8:00 - 12:30 pm Competition Sessions

12:30 - 1:30 pm Lunch and Awards

1:30 - 3:00 pm Final Team Challenge

- Registration Fees: \$40 per youth participant (includes registration, lunch, and t-shirt)
- No Entry fees for advisors and parents but see below to order t-shirts and lunches

#### Events:

EMS Event  
 Bunker Gear/SCBA Relay  
 Room Search  
 Make and Break  
 Firefighter Combat Challenge Relay

Return this form via email by April 17, 2026 to [scotthart@rowlettexplorers.com](mailto:scotthart@rowlettexplorers.com). This form can be mailed with payment to Rowlett Explorer Post One, Attn: Scott Hart, PO Box 1662, Rowlett, TX 75030. Make checks payable to Rowlett Explorer Post One. Payment can also be made online at [www.dfwfiregames.com](http://www.dfwfiregames.com)

**Deadline: Monday, April 17, 2026**

### Team Information

Organizaion Name :

Contact Name :

Contact Phone #:

Contact Email :

# of Teams:  # of total participants :  x \$40

*(Team must consist of 4 youth members. Alternates are acceptable)*

Participant T-Shirt Size : S  M  L  XL  2XL  3XL

*Should match total # of participants*

# of additional lunches:  x \$8  # of additional T-Shirts:  x \$15

Additional T-Shirt Size : S  M  L  XL  2XL  3XL

*Should match total # of additional shirts*

Total Registration Fee :

*Include total \$ amount for participants, additional lunches, and additional T-shirts*

All participants must sign the "Explorer Fire Games Terms of Use" to participate in the Fire Games. **Participants under the age of 18 must have a parent signature.** Participants 18 and over may sign for themselves. Turn all forms in by **the day of the Fire Games**. Emailing them with registration packet is acceptable.

Questions: Please contact Scott Hart: [scotthart@rowlettexplorers.com](mailto:scotthart@rowlettexplorers.com) or (214) 732-9548

**WAIVER COVER SHEET**

*\*attach all waivers and turn in at FIRE GAMES check-in*

Organization Name \_\_\_\_\_

**Youth Competing (please print)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
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25. \_\_\_\_\_



**ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS  
ROWLETT FD, ITS EMPLOYEES, AGENTS AND REPRESENTATIVES**

**ROWLETT FD LIVE-FIRE & TACTICAL TRAINING FACILITY** (herein training facility)

In making available its or other selected facilities, training ground, equipment, and its staff, to provide an opportunity to learn on the part of its students and other invitees, makes no representation of and assumes no liability for the suitability or condition of its or other selected facilities, training grounds, or equipment.

In consideration for my participation in this program, I agree to assume all risk associated with the program and to hold Rowlett Fire Department, its employees, agents, and representatives harmless from all liability which may result from my participation in the program including but not limited to any claims, demands, or suits of any nature, kind or description whatsoever, including costs and expenses, for or on account of any loss or damage to property owned or possessed by me or by any student or other invitee or any death or injury to which may result from any cause, including but not limited to, the condition and operation of training facility, facilities, training grounds, and equipment, or the condition and operation of any other selected facilities, training grounds and equipment, and the acts or omissions of members of their staff.

I also agree to indemnify and hold harmless the instructors who are independent contractors with the state, in their personal and representative capacity, from suit of any nature, kind, or description whatsoever, including costs and expenses for or on account of any loss or damage to property owned or possessed by me or by any student or other invitee or any death or injury which may result from my participation in this program.

I also authorize Rowlett FD to seek emergency medical assistance on my behalf, as necessary, and I agree to pay for all medical expenses incurred on my behalf.

\_\_\_\_\_  
**Participant Name (print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant Name (signature)**

\_\_\_\_\_  
**Fire Department (if applicable)**

**Contact Number (\_\_\_\_\_) \_\_\_\_\_**