

Course Registration Form

PERSONAL

Print Name: _____

Date of Birth: ____/____/____ Contact Phone #: _____

E-Mail Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

ORGANIZATION

Organization Name: _____

Fire Chief or Designee: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

E-Mail Address: _____

RELEASE AGREEMENT

I hereby certify that I am an active member of the above named department or organization, and that either I am responsible or my department/organization is responsible for payment of any and all medical expenses or charges (including first aid treatment) incurred while attending this course. Polk County Fire, Rescue, & Training Association will provide supervised instruction in this course, and assumes no other responsibility.

Acceptance in this course constitutes an agreement to the conditions stated, and the staff members of the PCFRTA.

Student's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

LEAD INSTRUCTOR VERIFICATION

PCFRTA Lead Instructor verifies that the above-mentioned student has successfully completed the listed course(s).

Lead Instructor Signature: _____ Date: _____

Polk County Fire, Rescue, & Training Association
P.O. Box 958
Bolivar, MO 65613