

Delaware State Fire School - Registration Form

COMPLETE FORM, PRINT AND OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO THE DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.



DSFS Division Continuing Education Classes

Class information: (Select Class Locations and Dates. You may register for multiple CEUs with this form.)

SCD October 5, 7pm-10pm: Adapt & Overcome

SCD October 19, 7pm-10pm: Bariatric Emergencies

NCD October 5, 7pm-10pm: Bariatric Emergencies

KCD October 25, 7pm-10pm: Sporting Event Preparedness

KCD October 11, 7pm-10pm: Help Me: I forget

KCD November 15, 7pm-10pm: How We Die

NCD October 19, 7pm-10pm: Adapt & Overcome

KCD December 6, 7pm-10pm: Wellbeing of the EMT, CISM & Burnout

Delaware State Fire School
1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6245
www.statefireschool.delaware.gov
Email: Fire.School@state.de.us
Rev. 11/18/15

Attendee Information

Last Name: Jr./Sr.

First Name, Middle

Address:

City, State, Zip

Last 4 Digits SSN:

Date of Birth:

Contact Phone:

E-Mail:

Date Joined Fire Service:

Sponsoring Organization:

Payment Information

Tuition:

\$10.00 Each Session

Check payable to Delaware State Fire School

Credit Card Select Type:

Card Number:

Expiration Date:

Cardholder Name:

CVV (On back of card):

CANCELLATION POLICY: Cancellations for students registered for this course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed fee or payment or class tuition.

Sex:

Male Female

Ethnic Origin:
(Optional)

ATTENDEE SIGNATURE: The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, you agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is hereby relieved of liability.

ATTENDEE SIGNATURE _____

Date _____

AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:

By signing this form I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course. I understand that payment for the course and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Authorized Signature of Sponsoring Organization _____

Print Name _____

Date _____

Sponsoring Organization _____

Title _____

Contact Phone Number _____