

# Delaware State Fire School - Registration Form

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



## Delaware Emergency Vehicle Operator (EVO) Spring 2019

**Class information:** (Select Class Location and Date)

KCD 9am - 4pm: January 16, 2019

SCD 7pm - 10pm: May 07 & 09, 2019

**Prerequisites:**

NCD 7pm - 10pm: February 05 & 07, 2019

NCD 7pm - 10pm: May 14 & 16, 2019

Must be 18 years of age or older

SCD 7pm - 10pm: March 12 & 14, 2019

KCD 9am - 4pm: May 30, 2019

Must hold valid State-issued Driver's License

KCD 7pm - 10pm: April 02 & 04, 2019

KCD 9am - 4pm: July 18, 2019

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. 11/29/18

### 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:

\$25.00

Check payable to Delaware State Fire School

Invoice (DE Fire Companies Only)

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 \_\_\_\_\_