



# Water Rescue Courses

IF NOT AFFILIATED WITH THE HOSTING AGENCY, PLEASE COMPLETE A REGISTRATION FORM AND EMAIL TO [FIRE.SCHOOL@DELAWARE.GOV](mailto:FIRE.SCHOOL@DELAWARE.GOV)

WEEKDAY DATES BEGIN AT 7PM, WEEKENDS AT 9AM.

## Water Rescue I

APRIL 20TH AND 21ST

@ MINQUAS FIRE CO.

MAY 7TH, 9TH AND 11TH

@ DAGSBORO FIRE DEPT.

JUNE 4TH, 6TH AND 8TH

@ LEIPSIC FIRE CO.

JUNE 11TH, 13TH, AND 15TH

@ SOUTH BOWERS FIRE

## Water Rescue II

MAY 4TH AND 5TH

@ MINQUAS FIRE CO.

MAY 14TH, 16TH AND 18TH

@ DAGSBORO FIRE DEPT.

JUNE 18TH, 20TH AND 22ND

@ LEIPSIC FIRE CO.

JUNE 24TH, 26TH, JULY 1ST, 3RD

@ SOUTH BOWERS FIRE CO.

## Rescue Boat Operator

MAY 18TH, 19TH, JUNE 1ST, 3RD

@ MINQUAS FIRE CO.

JULY 9TH, 11TH, 13TH, 23RD,  
25TH AND 27TH

@ LEIPSIC FIRE CO.

JULY 16TH, 18TH, 20TH, 29TH,  
31ST AND AUGUST 2ND

@ SOUTH BOWERS FIRE CO.

# Delaware State Fire School - Registration Form



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

CourseName:

Comments:

DatesAttending:

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

ClassTime:

Phone: 302-739-4773  
Fax: 302-739-6245

Class Location: Kent New Castle Sussex On-Line

www.statefireschool.delaware.gov  
Email: fire.school@delaware.gov

I meet the Course Prerequisites? YES NO

Rev. 02/20/24

## Attendee Information

First Middle Last

Name:

Date of Birth:

DSFS Person ID:  
(If Known)

NFA ID #:  
(If Known)

Address:

City:

State:

ZIP:

E-Mail:

Phone:

Phone  
Type:

Sponsoring  
Organization:

Gender:

Ethnic Origin:  
(Optional)

## Payment Information

Course Tuition:

Accepted Credit Cards: Visa, Mastercard, Discover  
We are unable to accept American Express or Apple Pay

Check enclosed made payable to  
Delaware State Fire School

Credit card (DSFS will call you for information)

Invoice (approved account)

Cardholder Name:

Cardholder Phone:

**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 a fee or payment of class tuition.

**ATTENDEE SIGNATURE:** The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, I 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:

In accordance with NFPA 1001, 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 and/or has received a professional medical exam declaring their physical fitness before participating in firefighting activities. In the case of no physical documentation or significant change in health, a physical may be required before participation in this course. I understand that payment for the course and any/all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Sponsoring Organization

Name

Title

Contact Phone Number

Authorized Signature of Sponsoring Organization

Date