Delaware State Fire School - *Registration Form*

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

CourseName:				Comme	PARE SCA	
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 F	Prerequisit	tes? YES	S NO			Rev. 02/20/24
Attendee Infor	mation	First		Middle		
Name:		1 1151		Middle		Last
Date of Birth:		C	OSFS Person ID: (If Known)		NFA ID #: (If Known)	
Address:				City:	State:	ZIP:
E-Mail:				Phone	:	Phone Type:
Sponsoring Organization:				Gender:	Ethnic Origin: (Optional)	
Delaware Invoice (a CANCELLATION before scheduled ATTENDEE SIGNA to the condition that the De	e State Fire approved a POLICY: Can d class date. (TURE: The De elaware State Fire	ccount) cellations for stud Cancellations rece laware State Fire Scho o School assumes no rec	eived after the de pol will provide instructi sponsibility other than t	Credit card (E Cardholder Cardholder cardholder or this course must <u>be r</u> badline may be assessed on in emergency response train the opportunity to learn. I under	Phone: <u>eceived by the Fire School ne</u> a fee or payment of class tuit ing and related skills under carefully stand that the payment for the course	formation) o later than noon the Wednesday
other condition that will pr	event me from a may use them in his course, the De	ctively participating in t either a commercial o laware State Fire Scho	this course. By enrollin or noncommercial mar	g in this course, I also agree th iner. At the sole discretion of D liability.	at the Delaware State Fire School ma	ay authorize the taking of photographs or movies or n to this activity and authorize use of my picture. In
	ATTENDEE S	BIGNATURE		Date		
would prevent the declaring their p significant chan	ith NFPA 10 om from acti ohysical fitu ge in healt	001, I am certifyi vely participatii ness before pa h, a physical n	ng that the inding in all portion articipating in ay be require	vidual taking training is of this course and firefighting activitie d before participatio	/or has received a prof s. In the case of no phy	al and/or other conditions that essional medical exam /sical documentation or lerstand that payment for the tion.!
Sponsoring Organization		Na	ame		Title	Contact Phone Number
	onsoring Organiz	ration	Date			