



DELAWARE STATE FIRE SCHOOL

FIRE OFFICER II

CLASS DATES

NOVEMBER 7TH 1900-2200HRS NOVEMBER 21ST 1900-2200HRS DECEMBER 14TH 0900-1600HRS DECEMBER 15TH 0900-1600HRS

STUDENTS MUST ATTEND ALL CLASS DATES IN ORDER TO COMPLETE THE COURSE

PREREQUISITE
FIRE OFFICER I

Delaware State Fire School - Registration Form

COMPLETE FORM, PRINT TO OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE. Comments: CourseName: Delaware State Fire School DatesAttending: 1461 Chestnut Grove Road Dover, DE 19904 ClassTime: Phone: 302-739-4773 Fax: 302-739-6245 www.statefireschool.delaware.gov Class Location: Kent **New Castle** Sussex On-Line Email: fire.school@delaware.gov YES I meet the Course Prerequisites? NO Rev 02/20/24 Attendee Information First Middle Name: Date of Birth: **DSFS Person ID:** NFA ID#: (If Known) (If Known) Address: ZIP: State: City: **Phone** E-Mail: Phone: Type: Sponsoring **Ethnic Origin:** Gender: (Optional) Organization: Payment Information Accepted Credit Cards: Visa, Mastercard, Discover **Course Tuition:** We are unable to accept American Express or Apple Pay Check enclosed made payable to Credit card (DSFS will call you for information) **Delaware State Fire School** Cardholder Name: Invoice (approved account) **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, 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** Contact Phone Number Name Title Date Authorized Signature of Sponsoring Organization