## **Delaware State Fire School -** *Registration Form*

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

CourseName:		FIRE ECT			
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
I meet the Course Prerequisite	s? YES	NO			Email: fire.school@delaware.gov Rev. 02/20/24
Attendee Information	First		Middle		Last
Name:					
Date of Birth:	DSF	S Person ID: (If Known)		NFA ID #: (If Known)	
Address:			City:	State:	ZIP:
E-Mail:					Phone Type:
Sponsoring Organization:			Gender:	Ethnic Origin: (Optional)	
Course Tuition: Check enclosed mad Delaware State Fire S Invoice (approved acc	School		<u>We are una</u>		Express or Apple Pay
CANCELLATION POLICY: Cance before scheduled class date. Ca					o later than noon the Wednesday tion.
to the condition that the Delaware State Fire S charges will be the responsibility of the sponso other condition that will prevent me from activ	chool assumes no respor ring organization. In the rely participating in this ther a commercial or no vare State Fire School is	sibility other than t event no sponsorir course. By enrollin ncommercial man	he opportunity to learn. I unders ng organization is given and no si ng in this course, I also agree tha ner. At the sole discretion of DSI	tand that the payment for the cours gnature is obtained, I accept this res t the Delaware State Fire School ma	selected instructors. In accepting instruction, I agree se tuition and any and all medical, first aid and related sponsibility. I certify that I do not have any physical or ay authorize the taking of photographs or movies or n to this activity and authorize use of my picture. In
AUTHORIZED SIGNATURE IS RE					
In accordance with NFPA 100 would prevent them from active declaring their physical fitne significant change in health, course and any/all medical, first	1, I am certifying ely participating ess before parti a physical may	that the indivination in all portion cipating in the required to the required	vidual taking training d s of this course and/ firefighting activities d before participatio	or has received a prof . In the case of no phy n in this course. I und	essional medical exam ysical documentation or lerstand that payment for the
Sponsoring Organization	Name			Title	Contact Phone Number