

South Carolina Fire Academy

Southeastern Fire School Registration Form

SSN: _____ Date of Birth: _____ Age: _____

Last name: _____ First name: _____ Initial: _____

Mailing address: _____ Check here if a new address

City: _____ State: _____ Zip: _____ County: _____

Daytime phone #'s: Work: _____ Home: _____ FDID#: _____

Fire Dept. or Organization _____ Dept. phone _____

List three choices in order of preference. You will be registered into the first available course. Attach documentation of prerequisites, if required.

	<u>course code/section #</u>	<u>course title</u>
1.	5319-12001	Tools in your Hands: Truck Company Operations
2.		
3.		

Agreement and Waiver / Liability Release

- In consideration for participating in South Carolina Fire Academy training, I hereby release, indemnify and covenant not to sue the South Carolina Fire Academy, SC Department of Labor, Licensing and Regulation, The State of South Carolina, their officers, agents or employees (Releasees) as well as any other students or instructors from any and all liability, claims, cost and causes of action arising out of or related to any property damage or personal injury, including death, that may be sustained by me, while participating in such activity, or while on the premises owned, leased or used by Releasees. I acknowledge the training involves physically strenuous activities in which I am capable of fully participating. I know of no physical or mental condition that would preclude my full participation in the training.
- I certify that the information on this registration form is correct. I agree to abide by the rules, policies and regulations of the South Carolina Fire Academy. I understand that falsifying information or violating rules or procedures may result in me being denied admission to the course and/or loss of course credit.
- I authorize the release of any information concerning my enrollment and completion of all South Carolina Fire Academy courses to me, my fire chief, or my department training officer.
- I understand that the South Carolina Fire Academy is not authorized to provide travel, medical, or health insurance. I verify that I or my agency maintain appropriate and necessary coverage, and I understand that I or my agency will be responsible for any medical expenses that I may incur as a result of my participation in this program.
- I understand that the nature of the tasks I may perform while involved in this training may require a high degree of physical fitness, agility, and dexterity, and that this may include rigorous exercises which require physical fitness, strength, and stamina. I am fully aware of the risks and hazards associated with fire, rescue and voluntarily participate in the activity with full knowledge that said activity may be hazardous to me and my property.
- In signing this release, I acknowledge that I have read and understand the Release and that **I am least 18 years of age** and fully competent and a member of a legally organized fire department, fire brigade, fire related business or emergency response organization.
- By registering for this course, I hereby give the South Carolina Fire Academy permission to reproduce and publish my name and/or photographic likeness.

Signature - form must be signed by student _____

Fire Chief or Designee _____

Date _____

Dorm Request

Dorm rooms will be assigned on a first-come, first-serve basis. Checking the box below does not guarantee a room assignment. If you are assigned a dorm room, you will be notified separately and will be billed the \$30 fee. Do not send payment for dorm rooms with this application. If you are not assigned a room you must make your own accommodation arrangements.

Yes, I want a dorm room No, I don't need a dorm room Male Female

Registration Use Only

Check #: _____	Billing Address: _____	Prerequisites: _____	Refund amount: \$ _____
Received from: _____	_____	_____	<input type="checkbox"/> class cancelled
Payment amount: \$ _____	_____	_____	<input type="checkbox"/> class full
PO #: _____	_____	_____	<input type="checkbox"/> student cancelled
Amount Billed: \$ _____	_____	_____	<input type="checkbox"/> prerequisite not met
			<input type="checkbox"/> registration late