

Berks County Fire Training Committee

Course Registration Form

**Student Information:**

Name:		
Address:		
City:	State: PA	Zip:
Phone #:	Email Address:	
Date of Birth:	County of Residence:	
Agency/Department (this will appear on invoice)		
Officer's Name:		Title:
Officer's Email:	Officer's Phone #:	

**Course Selection(s):**

Course Title:	Course Code:	Start Date:
1.		
2.		
3.		
4.		

**Authorization:**

The undersigned organization hereby recognizes that the Berks County Fireman's Association and the Berks County Fire Training Center, by conducting training, assume no liability for personal injuries, damages, or losses, that may occur during the operation of said course(s) listed above to any individual member of said organization and, therefore the undersigned accepts full responsibility for the member listed above. The said organization hereby releases the Berks County Fireman's Association and the County of Berks of any and all damages for personal injuries, losses, claims and lawsuits, as well as their officials, agents, servants and employees and to indemnify and hold harmless all of the foregoing from any losses or claims arising from participation in any training course(s).

Checking the box to the left indicates the undersigned student has read and understands the course registration, payment, cancellation, and no show policies.

Checking the box to the left indicates the undersigned student has read and understands the student dress code policy.

<b>Student Signature</b>		<b>Date:</b>
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Checking the box to the left indicates the undersigned officer has read and understands the course registration, payment, cancellation, and no show policies.

Checking the box to the left indicates the undersigned officer certifies that he/she is duly authorized by his/her organization to act on behalf of the said organization and executes to legally bind his/her organization

<b>Officer Signature</b>		<b>Date:</b>
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Return completed form via fax (610-378-5568) or email (berksfiretraining@gmail.com).