

# Class Registration

Please Print



Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 18 or over: Yes \_\_\_\_ No \_\_\_\_ NFA SID# \_\_\_\_\_  
Month Date Year

E-mail Address: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course or Certification Name: \_\_\_\_\_ Course Date: \_\_\_\_\_

Course ID#: \_\_\_\_\_ Cert Test \_\_\_\_ YES \_\_\_\_ NO Cert Retest \_\_\_\_ YES \_\_\_\_ NO

Course Location: \_\_\_\_\_

Students below the age of 18 will need to fill out an Assumption of Risk form, see instructor for details.

**ORGANIZATIONAL INFORMATION** Supervisor: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Send Bill To: Organization: \_\_\_\_ Home: \_\_\_\_ Are you a member of an Oklahoma Regional Response System Team: Yes \_\_\_\_ No \_\_\_\_

Receive Your Transcript and Certificates on Line go to: [www.osufst.org](http://www.osufst.org) – email and ID are required If yes, which type of unit? \_\_\_\_\_  
Location of unit: \_\_\_\_\_

Disciplines: Please mark appropriate box or boxes: Fire Service: \_\_\_\_ Career \_\_\_\_ Volunteer  
\_\_\_\_ Public Works \_\_\_\_ Emergency Services \_\_\_\_ Government Administrative  
\_\_\_\_ Law Enforcement \_\_\_\_ Public Health \_\_\_\_ Emergency Management  
\_\_\_\_ Health Care \_\_\_\_ Private Industry \_\_\_\_ Public Communication  
\_\_\_\_ Hazardous Materials \_\_\_\_ Other \_\_\_\_\_

## RELEASE AGREEMENT

I hereby confirm that I am an active member of the named department or organization, and that either I am personally responsible or my department or organization is responsible for payment of any and all medical expenses or charges (including first aid treatment) incurred while attending this course. Oklahoma State University Fire Service Training will provide instruction in the course and assumes no responsibility other than the opportunity to learn under supervision. I hereby agree to the afore mentioned conditions stated, and the staff of Oklahoma State University Fire Service Training and the State Of Oklahoma is hereby relieved of liability. I hereby authorize Oklahoma State University to release my certification examination results to my Organization. Further, I hereby grant full permission to any and all of the foregoing to use my likeness including any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising and posting on any social media.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_