

# COURSE REGISTRATION FORM



## STUDENT INFORMATION (Please Print LEGIBLY)

Full LEGAL Name: \_\_\_\_\_  
Last Name First Name Middle Name Suffix  
Preferred Name (What you would like to be called): \_\_\_\_\_ NFA SID#: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Students under the age of 18 **MUST** complete an assumption of risk form, see instructor for details*  
Month Date Year  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ State EMS Lic. #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

## COURSE INFORMATION

Course or Certification Name: \_\_\_\_\_  
Course ID#: \_\_\_\_\_ Certification Test? Yes \_\_\_ No \_\_\_ Cert Retest? Yes \_\_\_ No \_\_\_  
Course Location: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

## ORGANIZATIONAL INFORMATION

Department / Organization: \_\_\_\_\_ County: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Supervisor/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Send Bill To: Organization \_\_\_ Home \_\_\_  
Are you a member of an Oklahoma Regional Response System Team? Yes \_\_\_ No \_\_\_

## DISCIPLINES

Please mark appropriate box or boxes:

Fire Service: Career \_\_\_ Volunteer \_\_\_ Emergency Medical Service \_\_\_ Private Industry \_\_\_  
Law Enforcement \_\_\_ Military \_\_\_ 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: \_\_\_\_\_