



THE CHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES

Fire Services Division

Registration Form

Please Print

Name: _____ Last 4 #'s SS _____ Date of Birth: _____

Station Affiliation: _____

Student Contact Information:

Address: _____

City _____ State _____ Zip _____

Home Phone #: _____

Cell Phone #: _____ E-Mail Address: _____

Course Selection: (You may register multiple course on one registration)

Course Title: _____ Start Date: _____ Course #: _____

Course Title: _____ Start Date: _____ Course #: _____

Course Title: _____ Start Date: _____ Course #: _____

Authorization

*I certify that the above student meet the prerequisites and age requirements to participate in these courses. I further verify that the above listed individual is an active member of this company and is covered by workman's compensation while participating in this course. **If you register for a course and are unable to attend, you must notify the Fire Services Division 48 hours prior to the beginning of course or you will be responsible for the cost of course.***

Signatures:

Student Signature Date

Chief, Training Officer, or Authorizing Signature Date

Print Signature