



Emergency Medical Technician

Student Registration Form

Student Name:	Date of Birth:
Street Address:	Sex: <i>(Circle one)</i> Male Female
City, State, Zip:	Shirt Size:
Email:	Phone #:
Social Security Number (for the State EMS License) – <i>give to Instructors in person</i>	
Signature:	

Which course attending? <i>(Circle one)</i> EMR EMR-EMT EMT AEMT			
Deposit: \$	Date Paid:	How Paid?	
Final Payment(s):			
Payment Arrangement(s), if any:			

If Student is a member of Fire Department – Signature of Chief for Agreement of Payment is Required.

Name/Rank:	Phone #:
Signature:	
Address/Email of Chief of Department (for Invoice):	

Parent/Guardian Information, if Student is Under Age 18

Name:	Relationship to Student:
Street Address:	Phone #:
City, State, Zip:	Email:
My signature gives permission for My Student to participate in Course(s).	
Signature:	