



FIRE DEPARTMENT
CITY OF CORAL SPRINGS FLORIDA
TRAINING AND PUBLIC EDUCATION DIVISION
Coral Springs Fire Academy



GENERAL COURSE APPLICATION

I would like to apply for the following course (check only one):

Driver Engineer Aerial Apparatus EVOC
 First Responder _____
Other

 Last Name First MI Date of Birth

 Home Address City State Zip

 Social Security Number(*) or FC-DICE ID # Cell Phone Number with Area Code Home Phone #

 Fire Department (if employed) Date Employed

 E-mail Address

Please answer the following questions by checking the appropriate space.

<u>YES</u>	<u>NO</u>	
___	___	Have you attached the appropriate registration fees and tuition (Visa, Master card, separate cashiers' check or money orders only)?
___	___	Have you completed the Release and Waiver form (attached)?
___	___	Have you completed the Database Student Information Form (attached)?
___	___	For CSFD members: Did you submit your Educational Reimbursement form (if applicable)?

 Signature of Applicant Date

 Date Received by Coral Springs Fire Academy Date of Class

*Please note that the Social Security number is not required; instead, you may put your FC-DICE ID#. We are only able to enter your class grades in FC-DICE as long as one of the two numbers is provided.

Coral Springs Fire Department Training and Public Education Division Database Student Information Form

The Coral Springs Fire Academy will be offering several fire rescue and EMS related programs in the future, as well as sending out notification of job openings through out Florida. If you would like to be informed of these programs, please make sure to include your e-mail address below.

Name: _____

Home Phone: _____

Work Phone: _____

Pager Number: _____

Cell Phone: _____

Home Address: _____

City: _____

State: _____

Zip: _____

E-Mail Address: _____

Emergency contact: _____

Contact phone: _____

Blood type: _____

Medical Problems: _____

Class (title or number): _____

Other classes you are interested in taking:



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RELEASE AND WAIVER

I _____, as a participant in the City of Coral Springs Fire Department training given on _____, 20____, agree to sign this Release and Waiver.

Accordingly, I agree to unconditionally release, waive, and discharge the City of Coral Springs, its Commission members, employees, agents, and servants, all hereafter referred to as "releasees," from all claims and courses of action, that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to indemnify completely, the releasees against all claims, demands, and actions arising out of my actions or involvement with the City of Coral Springs.

I certify and warrant that I am in good physical condition and able to participate in the above activity.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on _____, 20____.

By: _____
 (Name)

By: _____
 (Printed Name of Signator)

I asked the Signator if he/she understood what is being signed.

 Witness