



YORK COUNTY FIRE SCHOOL

"A part of the Fire Chiefs and Firefighters Association of York County"

330 Emig Road

York, Pennsylvania 17406

www.yorkcountymfireschool.org Phone: (717) 767-4097 Fax: (717) 764-3243

Universal Pre-registration Form

Please Write Legibly

Please be sure to specify Course Name, Date, Time, & Instructor

Course Name: _____

Starting Date of Course: _____

Starting Time of Course: _____

Instructor: _____

REGISTRATION INFORMATION

Student Name: _____ Date of Birth ___/___/___ Age ___

Sponsoring Organization: _____ Sta. No. _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

(Student's Email Address) @ _____ (Student's Phone #)

CHIEF'S AUTHORIZATION

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions which would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of Authorizing Person: _____

PRINT YOUR NAME

Note: By authorizing this class you are authorizing the fire school to bill your organization, for no shows. Students not attending a class will subject the organization a charge of \$25.00 for a 6 hour or less class or \$50.00 for a class more than 6 hours long. The fire company is responsible for the cost of the class. Failure to pay such fees will result in eliminating your department members' attendance at future classes.

E-mail address OR phone # for confirmation / class cancellation notification purposes only (**REQUIRED**):

Phone Number (_____) _____ - _____ or _____ @ _____.

Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY. Thank you.