

ROWAN COLLEGE AT GLOUCESTER COUNTY
FIRE ACADEMY STUDENT REGISTRATION

Please print information in blue or black ink. Registration will not be accepted without payment or billing information and supervisor's signature. A registration confirmation will be faxed if a number is provided below.

Name:		
Home Address Street:		
City:	State:	Zip:
Telephone Cell:	Telephone Home:	
Date of Birth:		
DFS ID #:	EMT #:	
Email Address:		
Course Title:		
Start Date:		
Emergency Services Affiliation:		
Phone Number:	Fax Number:	
Payment method (please check)	Bill address below <input type="checkbox"/>	Self-Pay <input type="checkbox"/>
	Purchase Order #	
Send bill to:		
Billing Address Street:		
City:	State:	Zip:
List any physical limitations which may preclude you from performing the required hands-on evolutions. It is your responsibility to notify the director or the lead instructor of any change or injury.		

Student Certification: I certify that the information recorded on this application is correct. Falsification of information or failure to abide by the RCGCFA rules, policies and regulations will result in expulsion from the course and/or denial of a course certification. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.

Student Signature: _____ Date: _____

Supervisor Authorization: I certify that the above student meets the prerequisites and all legal and age requirements to attend this course and is covered by my organization's Workman's Compensation policy while he/she is attending this training course.

Supervisor's Signature:	Title:
Print Name:	Work Telephone:
Cell:	Home Telephone:
Email Address:	

Payment or purchase order is required at the time of registration. Cancellations must be given at least 48 hours prior to class start time. Cancellations can be made by phone or email (see below). **No refunds will be given due to a student not showing up for class.** Substitutions are permitted. Registration will close when class limit is reached. Return registration form to:

Rowan College at Gloucester County Fire Academy 200 Shady
Lane
Clarksboro, NJ 08020
Phone: 856-423-4127 Fax: 856-423-4861
email: dsimon@rcgc.edu