



Rescue College General Registration Form

Part One- Student Information:

Email Address (used for class information and updates) _____

Name (As you would like it on your certificate): PLEASE PRINT LEGIBLY

First _____ **Middle** _____ **Last** _____

Department/ Squad: _____

Department Mailing Address: _____

____ Active TARS Unit ____ TARS Associate Unit ____ Other Non-TARS

Student Contact Phone Number: _____ Dept. Phone Number _____

Address of Student: _____

Date of Birth: ____/____/____ Gender: ____ Male ____ Female Status: ____ Career ____ Volunteer

Part Two- Course Registration: Please enter name and date(s) of course for which you are registering.

Course Name: _____

Date(s): _____ through _____ Location of Class: _____

Course Amount Fee Enclosed: \$ _____ (Fee/Purchase order number **must** be enclosed with this form)

Departmental Billing if Applicable (must be signed by authorized representative of agency)

PO Number: _____ **Authorization Signature:** _____ **Date:** _____

All Applicants Please Read and Sign: With this application I acknowledge and realize that rescue training and operations pose certain risk and my participation could result in personal injury. I also understand that the Tennessee Association of Rescue Squads is not providing any type of personal medical or disability insurance for me as a student and that such coverage is MY responsibility or that of my unit or department. I have also enclosed all required prerequisites (if applicable) with this application and certify them to be current and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Please remit payment and applications to:

Tennessee Association of Rescue Squads
2906 Tazewell Pike, Suite B
Knoxville, TN 37918

Phone: 865-689-3256 Fax: 865-688-7015

For Office Use Only:

Date application received: _____
Date payment received: _____
Amount received: _____
Check number: _____
Payment received by: _____