



Fire Service Professional Development SINGLE PERSON REGISTRATION FORM

This registration form can be used to register for non-credit fire classes, FEMA and National Fire Academy sponsored courses.

REGISTRATION DEADLINES

To ensure course(s) will run, return the registration forms a minimum of two weeks prior to the start of the class to the Fire Service Professional Development Office by e-mail, fax, and mail or in person. Classes may be cancelled due to low enrollment. A minimum of 12 students is needed to run a class. For the current Fire Service Professional Development Schedule visit <https://www.westerntc.edu/fire-services>.

Western Technical College
Sparta Public Safety Training Center
Attn: Fire Service Professional Development Office
11177 County Road A
Sparta, WI 54656
Phone: 608-789-4747
Fax: 608-269-4073

BILLING

SPONSORED STUDENTS

Students are eligible for funded fire courses if they belong to a fire department. Classes funded by 2% funds have a state mandated 100% attendance requirement. If a sponsored student does not complete 100% class attendance for funded courses the sponsoring fire department will be billed for the entire cost of the class. If a sponsored student drops the class when:

% of class has met:	Fire Department will be billed % of the class fee:
Less Than 11%	20%
11 - 20%	40%
More Than 20%	100%

All fee courses requires payment or a 3rd Party Authorization Form (preferred), completed by the sponsoring fire department, at the time of registration. Class fees cannot be paid at the Sparta Public Safety Training Center. Call the Fire Service Professional Development Office at 608-789-4747 for information on paying for fee courses.

NON-SPONSORED STUDENTS

If the student is not sponsored by a fire department, payment is due IN FULL at the time of registration. Please call the Fire Service Professional Development Office if you are a non-sponsored student and need to make a payment. Class fees cannot be paid at the Sparta Public Safety Training Center.

CLASS DROP INSTRUCTIONS

To drop a class, please notify the Fire Service Professional Development Office, telling the instructor is not sufficient. The student or the fire department (if the student is sponsored by a department) will be charged for the class if the student does not withdraw from the class per College policy.

REFUNDS

Refunds are based on the beginning date and scheduled length of classes and the date the class is officially dropped. Refunds are not based on whether or not the student attends class. The refund for all classes is 100% if the district cancels the class; 100% of refundable fees if the student officially drops the class before the first class meeting; 80% of refundable fees if less than 11% of total class meeting have met; 60% of refundable fees if between 11-20% of total class meetings have met. No refund after more than 20% of total class meetings have met.

ADDITIONAL INFORMATION

It is the responsibility of the student to provide any course materials such as textbooks or equipment. Textbooks can be purchased at the Western Campus Shop by calling 608-785-9140 or visit their website at <http://www.westerntcbooks.com/>.

Section I: Check box next to course(s) registering for. Specify location(s) & start date(s). Any & all courses selected, will register student into course(s) at specified location(s). **Note: If location(s) and start date(s) are not specified, the student will NOT be registered.**

[]	Course	Location	Start Date
[]	Entry Level Firefighter Part 'A'		
[]	Entry Level Firefighter Part 'B'		
[]	Hazardous Materials Operations		
[]	Firefighter Cert. I		
[]	Firefighter Cert. II		
[]	Other:		
[]	Other:		

Section II: Complete all fields. Student ID only applicable if student has taken Western course(s) previously. Birthdate is required for state reporting and certification purposes. E-mail & phone required for course announcements & cancellations.

PLEASE PRINT LEGIBLY. THIS INFORMATION IS USED FOR STATE FORMS & COURSE CERTIFICATES.

Student ID:		Birthdate: / /	
Last Name:		First Name:	
M.I.:			
Home Address:			
City:		State:	Zip:
Phone (with area code):		County:	
E-Mail Address: _____			
[] Check box for consent to share e-mail address with class, if necessary.			
<small>Please Note: E-mail is our primary form of communication. If an e-mail address is not provided, class announcements will be mailed, resulting in a delay of information received.</small>			
<small>The following information is collected to enhance programing efforts at Western TC and is Voluntary.</small>			
Gender: [] Male [] Female [] No Response			
Last High School Attended:		City:	State:
Year of Graduation:			
If College, highest grade completed:			

Section III: Fire Chief or Training Officer must complete & sign this section for student to be eligible for funded fire course(s).

Sponsoring Fire Department Signature

Sponsoring Fire Department:		
Department Address:		
City:	State:	Zip:
E-Mail Address:	<small>(Please state who the e-mail address belongs to)</small>	
<p>I vouch the above personnel belongs to fire department listed above and is eligible for funded fire course(s). I am aware the above personnel is attending fire course(s) through Western Technical College. I understand that pre-requisites may apply, and funded course(s) require 100% student attendance and compliant PPE and equipment. I further understand that as the student's sponsoring fire department, we will be billed for the complete student cost if a student does not meet all pre-requisites and 100% completion requirements for the course. I understand there is an \$80.00 charge per candidate for all certification practical examinations.</p> <p style="text-align: center;">[] I have read & fully understand the above statement & I agree to be legally bound by it.</p>		
Chief / Training Officer Name: <small>Please Print</small>		
Chief / Training Officer Signature:		Date:

OFFICE USE ONLY

Course #-Section #:	Semester/YR:
Course Name:	Total Hrs:
Location:	Start Date:
Sponsoring FD:	Class Fee: \$
	FDID:

Section IV: Each student must complete and sign the Western Technical College Liability Waiver form before the start of class. **Individuals under the age of 18 must have their parent/guardian sign the Western waiver and State waiver form before attending a fire class.** Parent/Guardian signatures must be witnessed either by notary or staff at Western Sparta Public Safety Training Center. Contact Sparta Public Safety Training Center in this situation.

Western Technical College Student Liability Release Waiver

This is a legally-binding Liability Release, Waiver, Discharge, and Covenant Not to Sue made by me,

_____, (Student Name)

Please Print

(hereinafter referred to as the "Releasor") to Western Technical College (hereinafter referred to as the "College").

I fully recognize that there are dangers and risks to which I may be exposed by participating in firefighting and rescue activities during the training course listed on this form. The following is a description of the risks associated with this activity: death, permanent disability, severe injury, and minor injuries. I understand that the College does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I, therefore, agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and return for the services, facilities, and other assistance provided to me by the College in this activity, I release the College (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, including death, or from damage to my property in connection with this activity. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act on my part, including but not limited to negligence, mistake, or failure to supervise.

I assure the College that there are no health-related reasons or problems which preclude or restrict my participation in this activity. I further assure the College that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity, and I will indemnify and hold the College harmless for any such medical costs.

I understand that this Release means I am giving up, among other things, rights to sue the College, its governing board, employees, and/or agents for injuries (including death), damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I meet the prerequisites and requirement of the class, and I will abide by the rules, safety requirements, and policies of the class and Western Technical College.

I HAVE READ THIS ENTIRE RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE LEGALLY BOUND BY IT.

Releasor's Signature _____ **Date** _____

If Student is Under 18:

Parent/Guardian Signature _____ **Date** _____

(Parent/Guardian signature(s) must be witnessed either by professional notary or staff at Western Sparta Public Safety Training Center.)