



# RESCUE COLLEGE

## GENERAL REGISTRATION FORM

### PART ONE - PERSONAL INFORMATION



NAME: (As You Would Like It To Appear On Your Certificate) Your E-Mail Address: \_\_\_\_\_

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\_\_\_\_\_  
 First Middle Last Social Security # - (Last 4 Digits Only)

DEPARTMENT/SQUAD REPRESENTING:  Active TARS Unit  TARS Associate Unit  Other Non-TARS

\_\_\_\_\_  
 Name of Dept/Squad Address City/State/Zip Dept Phone Number

**HOME ADDRESS:**

\_\_\_\_\_  
 Address City State Zip Home Phone Number

DATE OF BIRTH: \_\_\_\_\_ SEX:  MALE  FEMALE

STATUS OF APPLICANT:  CAREER  VOLUNTEER

### PART TWO - COURSE REGISTRATION

*ENTER NAME AND DATES OF COURSE FOR WHICH YOU ARE REGISTERING:*

COURSE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

<b>INSTRUCTOR I APPLICANTS ONLY</b>	I PLAN TO PURSUE INSTRUCTOR CERTIFICATION IN THE FOLLOWING AREA(S): <input type="checkbox"/> EXTRICATION <input type="checkbox"/> EMERGENCY VEHICLE OPERATIONS <input type="checkbox"/> BLOODBORNE PATHOGEN
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COURSE FEE AMOUNT \$ \_\_\_\_\_ ENCLOSED. (Fee/Purchase Order Number Must Be Enclosed With This Form.)

<b>ALL APPLICANTS PLEASE READ</b>	<i>With this application I acknowledge that I realize that rescue training and operations pose certain risks 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 <u>My</u> responsibility or that of my unit or department.</i>
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**MAKE CHECKS PAYABLE TO THE TENNESSEE ASSOCIATION OF RESCUE SQUADS.  
MAIL CHECKS AND APPLICATION TO:**

**STATE OFFICE**  
**TENNESSEE ASSOCIATION OF RESCUE SQUADS**  
**2906 TAZEWELL PIKE - SUITE 'B'**  
**KNOXVILLE, TN 37918**  
 PHONE: 865-689-3256 FAX: 865-688-7015