

# Frandford Mutual Aid Fire Training Association

## STUDENT REGISTRATION / PERMISSION FORM

NAME: \_\_\_\_\_ Fire Dept \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (mobile) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ & Phone # \_\_\_\_\_

EMAIL: \_\_\_\_\_ Date Entered Fire Service: \_\_\_\_\_

SCBA certified YES \_\_\_\_\_ NO \_\_\_\_\_

FFI Candidate YES \_\_\_\_\_ NO \_\_\_\_\_

I, (signature) \_\_\_\_\_ (Fire Chief) certify that the above applicant is in good standing and a current member of the: \_\_\_\_\_ Fire Department

I further certify that the firefighter is covered by Workman's Compensation, is not presently drawing Workman's Compensation benefits, and if SCBA certified and participating in SCBA training is medically and physically fit for this training, including complete and current (as required by Maine Law) respiratory clearance and fit tests for SCBA status.

Fire Chief Signature:

\_\_\_\_\_  
(authorizing attendance)

**Permission Covers:**

***check one:***

\_\_\_\_\_ Class/Course Name: \_\_\_\_\_

\_\_\_\_\_ Any & all Frandford sponsored classes/training until Dec 31, 2014