

**Frandford Mutual Aid Fire Training Association**  
**STUDENT / PARTICIPANT REGISTRATION / PERMISSION FORM**

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

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

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

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

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

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

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

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

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(authorizing attendance)

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**Permission Covers:**

*check one*

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

\_\_\_\_\_ any and all Frandford /MFTE Sponsored classes for the months of:

June July Aug Sept Oct Nov Dec (2010)

\_\_\_\_\_ any and all Frandford /MFTE Sponsored classes until Dec 31, 2010