



**BARROW COUNTY
COMMUNITY EMERGENCY RESPONSE TEAM
TRAINING REGISTRATION FORM**



Applicant must be 18 years of age or older.

Mail application to: Barrow County Fire and Emergency Services, CERT Program, 233 East Broad Street, Winder, GA 30680

Class: Class dates will be emailed once training schedule is finalized.

Please register me for the class indicated! (Check One) Spring class: 2012 Fall class: 2012

PLEASE PRINT CLEARLY OR TYPE:

FULL NAME: _____ Tee Shirt Size _____
First Name Mi Last Name

HOME ADDRESS: _____ CITY: _____ ZIP: _____

PRIMARY PHONE: (_____) _____ - _____ ALT. PHONE: (_____) _____ - _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

THIS PROGRAM DOES INCLUDE PHYSICAL ACTIVITY. DO YOU REQUIRE ANY SPECIAL ACCOMODATIONS TO PARTICIPATE IN THE PROGRAM? _____(YES) _____(NO)

IF YES, PLEASE EXPLAIN: _____

HOW DID YOU HEAR ABOUT CERT TRAINING? _____

DO YOU HAVE ANY FORMER EMERGENCY, MEDICAL, COMMUNICATION, RESCUE, FIRE, POLICE OR MILITARY EXPERIENCE: _____

I give permission for any still photography or video footage in which I may appear to be used for whatever purposes deemed appropriate. I do this voluntarily and with the understanding there is no remuneration. In addition, I release any involved agencies and jurisdictions from any liability related to this training.

I have read and understand the above requirements and stipulations and I attest that all information on the above application is true.

Signature

Date