SOUTH CAROLINA FIRE ACADEMY JUNIOR MEMBER PROGRAM REGISTRATION FORM

Course Code- Section Number	Course Title	Date	Location
Social Security Number * This applicant must be at least 16 year	MaleFemale rs of age to enroll in the course.	*Date of birth:	Age
Minor's Last Name	First Name:		Initial:
Mailing Address		email:	
City:	SC Zip:	County	
Daytime Phone/Work:	Home Pho	ne	
Department name:	- V		
FDID: Dept. Phone			

Parental Statements / Release / Authorization

Junior Member participants in the South Carolina Fire Academy courses must be at least 16 years of age. The Junior Member must read and sign this form where indicated. A parent or legal guardian must review and sign this form in the designated areas. The Department Chief of this Junior Member must sign this form also.

The South Carolina Fire Academy is authorizing the above applicant, who is at least 16 years of age and a registered participant of a Junior Member Program, to participate in a SCFA Course. The course certificate is not valid until the Junior member's eighteenth (18th) birthday.

In consideration for participation in South Carolina Fire Academy training, I hereby release, indemnify, and covenant not to sue the South Carolina Fire Academy, S. C. Department of Labor, Licensing and Regulation, the State of South Carolina, their officers, agents or employees (Releasees), as well as any other students or instructors, from any liability, claims, cost and causes of action arising out of, or related to, any property damage or personal injury, including death, that may be sustained by this minor while participating in such activity, or while on the premises owned, leased or used by Releasees.

I acknowledge the training involves physical and strenuous activities in which the minor is capable of fully participating. I know of no heart disease, epilepsy, emphysema, lung disease or other physical or mental condition that would preclude the minor from full participation in this training. I understand that the nature of the tasks the minor will have to perform while involved in this training may require a high degree of physical fitness, agility, and dexterity, and that this may include rigorous exercises which requires physical fitness, strength and stamina while wearing full protective clothing and a self-contained breathing apparatus. I am fully aware of the risks and hazards associated with fire and rescue training, including, but not limited to, burns, heat stroke, heart attack, heat exhaustion, falls, and other related injuries, and I choose to voluntarily allow this minor to participate in the activity with full knowledge that said activity may be hazardous to the minor and their property. I verify that my minor child has had a medical evaluation by a physician or other licensed health care professional within six (6) months of the course start date that meets the requirements of OSHA 1910.156 for fire brigades and 1910.134 for wearing a self-contained breathing apparatus. By my signature below as parent/guardian I verify insurance coverage and accept responsibility for all related medical charges.

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I certify the information on this registration form is correct. The Explorer (minor) agrees to abide by the rules, policies, and regulations of the South Carolina Fire Academy. I understand that falsifying information or violating rules or procedures may result in the minor being dismissed from, or denied admission to, the course and/or loss of course credit.

I authorize the release of any information concerning the minor's enrollment and completion of this South Carolina Fire Academy course to the minor, the parent/guardian, the fire chief or the fire department training officer sponsoring the Explorer group.

I hereby give permission to the staff of South Carolina Fire Academy to release records necessary for insurance purposes and, emergency care for continuity of care. I also give permission for the staff of the South Carolina Fire Academy to provide, or arrange, necessary related treatment or transportation for my minor child. In the event that the listed emergency contact persons cannot be reached in an emergency, I hereby give permission for South Carolina Fire Academy personnel to secure and administer treatment, including hospitalization for the participant named above. I further understand that I will be responsible for any medical/hospital bills. Because this minor child is not an employee of the Fire Academy or the Fire Department, they do not have worker's compensation coverage. Any and all injuries, no matter how minor, shall be reported to the course instructor immediately, who will have the final say in selecting the treatment disposition for the participant. This may range from on-site treatment, to ambulance transportation to a local hospital emergency department or doctor's office. I understand insurance coverage is through the Exploring group and the National Learning for Life Program. I understand that the South Carolina Fire Academy is not authorized to provide travel, medical, health or worker's compensation insurance.

By registering this minor for this course, I hereby give the South Carolina Fire Academy permission to reproduce and publish his/her name and/or photographic likeness.

I give permission to the South Carolina Fire Academy to allow my minor child (Explorer) to participate in this fire training. I have read the above information and understand the serious nature of this training and agree that my minor child may participate.

Signature of Parent/Guardian		Print Name of Parent/Guardian		Date
Emergency Contact Numbers	of Parent/Guardian			
Signature of Minor Applicant		Print Name of Minor Applicant		Date
By signature of the Fire Chief, sponsored by, or associated w training is not valid until this m	ith, the fire departme	ent listed above. Al	valid member of an Ex Iso as Fire Chief, I unde	ploring group rstand that this
Signature of Fire Chief		Print Name of Fire Chief		Date
Registration Use only	Received Fro	om_		
Check #			Refund amount S	5
P/O #				
Payment Amount \$	1		1	

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