

SOUTH CAROLINA FIRE ACADEMY JUNIOR MEMBER PROGRAM REGISTRATION FORM

Course Code- Section Number _____ Course Title _____ Date _____ Location _____

Social Security Number _____ Male ___ Female ___ *Date of birth: _____ Age _____
* This applicant must be at least 16 years of age to enroll in the course.

Minor's Last Name _____ First Name: _____ Initial: _____

Mailing Address _____ email: _____

City: _____ SC Zip: _____ County _____

Daytime Phone/Work: _____ Home Phone _____

Department name: _____

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.

