

SOUTH CAROLINA FIRE ACADEMY LEARNING FOR LIFE EXPLORING 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 _____	
Fire Department Sponsoring the Chartered Exploring Group: _____			
FDID: _____		Dept. Phone _____	
BSA Post # _____		BSA Council Name _____	
<u>Parental Statements / Release / Authorization</u>			

Exploring, Learning for Life participants in the South Carolina Fire Academy courses must be at least 16 years of age. The Explorer must read and sign this form where indicated. A parent or legal guardian must review and sign this form in the designated areas. The Fire Chief of the Fire Department sponsoring the Chartered Exploring Group 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 the Learning for Life Exploring Program, to participate in a SCFA Course. The course certificate is not valid until the Explorer'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.

