



ADAMS COUNTY TRAINING ENROLLMENT FORM

Adams County Emergency Services Training Center
230 Greenmyer Lane, Gettysburg, Pennsylvania 17325
Office: (717) 334-8603 Fax: (717) 334-1822

NAME: _____
(Last) (First) (MI)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

DOB: _____ SSN: _____

PHONE (DAY): (____) _____ - _____ (NIGHT): (____) _____ - _____

COMPANY/ORGANIZATION: _____ COUNTY: _____

PHONE: (____) _____ - _____

COURSE SELECTION(S): (A) _____

LOCATION: _____ DATE(S): __/__/__ - __/__/__

(B) _____

LOCATION: _____ DATE(S): __/__/__ - __/__/__

I, the applicant, voluntarily assume all risk of loss, damage, illness or injury that I may sustain while participating as a student in the above course or training session offered by the Adams County Department of Emergency Services, and/or the Adams County Volunteer Emergency Services Association, Inc. and release said agency/associations, and all of its officers, agents, employees, and instructors from any/all claims, demands and causes of action on account of any injury or loss which may occur during my participation in this training session, through negligence, omission, default, or other action of any person or organization associated with such activities.

APPLICANT=S SIGNATURE: _____ DATE: _____

AUTHORIZING CHIEF
OFFICER=S SIGNATURE: _____ DATE: _____

TITLE: _____

NOTE: Application form must be filled out. No registration requests will be accepted by telephone.