



STRATFORD EMS
 2712 MAIN STREET
 STRATFORD, CONNECTICUT 06615
 (203) 385-4060

FALL 2016 EMR COURSE
 (Previously known as: MRT / First Responder)

PLEASE PRINT ALL INFORMATION CLEARLY AND SIGN ALL THREE SECTIONS OF THIS FORM
 INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED AND NO SEATS IN THE PROGRAM WILL BE RESERVED.
 STUDENTS MUST BRING STATE /GOV'T. ISSUED IDENTIFICATION ON THE FIRST NIGHT OF CLASS.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

D.O.B. _____ SSN# _____ DRIVER LICENSE # _____

PHONE (H) _____ (W) _____ (CELL) _____

EMAIL ADDRESS _____

HIGHEST EDUCATION ATTAINED (Circle)			
Elementary	High School	College	Graduate
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 +

APPLICANT STATEMENT

I hereby certify that I have not been convicted of a crime involving moral turpitude within the past three years, nor am I addicted to the use of drugs or alcohol.

SIGNATURE OF APPLICANT _____ DATE _____

FINANCIAL RESPONSIBILITY AGREEMENT

Total tuition is payable on or before the first day of class. Tuition includes course fees, books, and CPR card. Cancellation policy: 100 percent tuition refund if written notice of withdrawal is received by the last business day prior to the first day of class, 50 percent refund if written notice of withdrawal is received through the first 14 calendar days of the course, no refunds granted after the 14th day. There is a \$40 fee for all returned checks.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF GUARDIAN / FINANCIALLY RESPONSIBLE PARTY (if under 18 years old) _____

WAIVER OF LIABILITY

I understand that I am being instructed by members of the Stratford Emergency Medical Service, under the guidelines of the State of Connecticut Department of Public Health Emergency Medical Responder (EMR) training protocols. I also understand that the skills learned and put to use by me as an EMR will be regulated by my licensure with the State of Connecticut. I will not hold liable any employee, officer or agent of the Stratford Emergency Medical Service for any misuse of the skills learned through this educational program. I will also not hold liable any employee, officer or agent of the Stratford Emergency Medical Service for any injuries that I may receive while under the normal instruction of the syllabus of this course or while practicing and / or performing the practical application of said skills.

SIGNATURE OF APPLICANT _____ DATE _____

For Office Use Only: Date application received _____ Payment _____ Method _____