



Fire Service Professional Development GROUP PERSON REGISTRATION FORM

This registration form can be used to register for non-credit fire classes, FEMA and National Fire Academy sponsored courses.

REGISTRATION DEADLINES

To ensure course(s) will run, return the registration forms a minimum of two weeks prior to the start of the class to the Fire Service Professional Development Office by e-mail, fax, and mail or in person. Classes may be cancelled due to low enrollment. A minimum of 12 students is needed to run a class. For the current Fire Service Professional Development Schedule visit <https://www.westerntc.edu/businesses-and-community/public-safety-training/fire-services>

Western Technical College
Sparta Public Safety Training Center
Attn: Fire Service Professional Development Office 11177
County Road A
Sparta, WI 54656
Phone: 608-789-4747
Fax: 608-269-4073

BILLING

SPONSORED STUDENTS

Students are eligible for funded fire courses if they belong to a fire department. Classes funded by 2% funds have a state mandated 100% attendance requirement. If a sponsored student does not complete 100% class attendance for funded courses the sponsoring fire department will be billed for the entire cost of the class. If a sponsored student drops the class when:

% of class has met:	Fire Department will be billed % of the class fee:
Less Than 11%	20%
11 - 20%	40%
More Than 20%	100%

All fee courses require payment or a 3rd Party Authorization Form (preferred), completed by the sponsoring fire department, at the time of registration. Class fees cannot be paid at the Sparta Public Safety Training Center. Call the Fire Service Professional Development Office at 608-789-4747 for information on paying for fee courses. **NON-SPONSORED STUDENTS**

If the student is not sponsored by a fire department, payment is due IN FULL at the time of registration. Please call the Fire Service Professional Development Office if you are a non-sponsored student and need to make a payment. Class fees cannot be paid at the Sparta Public Safety Training Center.

CLASS DROP INSTRUCTIONS

To drop a class, please notify the Fire Service Professional Development Office, telling the instructor is not sufficient. The student or the fire department (if the student is sponsored by a department) will be charged for the class if the student does not withdraw from the class per College policy.

REFUNDS

Refunds are based on the beginning date and scheduled length of classes and the date the class is officially dropped. Refunds are not based on whether or not the student attends class. The refund for all classes is 100% if the district cancels the class; 100% of refundable fees if the student officially drops the class before the first class meeting; 80% of refundable fees if less than 11% of total class meeting have met; 60% of refundable fees if between 11-20% of total class meetings have met. No refund after more than 20% of total class meetings have met.

ADDITIONAL INFORMATION

It is the responsibility of the student to provide any course materials such as textbooks or equipment. Textbooks can be purchased at <https://westerntc.ecampus.com/>.



Authorization for Payment

I Hereby Authorize the following (please **PRINT CLEARLY**):

Name	Student ID # or DOB	Name	Student ID # or DOB
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	

to take the following class, **please check**:

- | | |
|---|--|
| <input type="checkbox"/> Entry Level Fire Fighter (ELF) | <input type="checkbox"/> Fire and Emergency Services Instructor 1 |
| <input type="checkbox"/> Hazardous Materials Operations (Haz Mat) | <input type="checkbox"/> Fire and Emergency Services Instructor II |
| <input type="checkbox"/> Fire Fighter 1 | <input type="checkbox"/> Entry Level Driver/Operator Pumper – Part 1 - Driving |
| <input type="checkbox"/> Fire Fighter II | <input type="checkbox"/> Entry Level Driver/Operator Pumper – Part 2 - Pumping |
| <input type="checkbox"/> Fire Inspector | <input type="checkbox"/> Cert Driver/Operator Pumper |
| <input type="checkbox"/> Fire Officer 1 | <input type="checkbox"/> Practical (Please Specify) _____ |
| <input type="checkbox"/> Fire Officer II | <input type="checkbox"/> Other (Please Specify) _____ |

Authorized Expenses: Term (please check): Spring Summer Fall

Tuition – Not to Exceed \$ _____

All textbooks are now ordered online at <https://westerntc.ecampus.com/>

Billing Information: Is this a new address? Y N

Agency/Company Name	Print Authorized Name		
P.O./Street Address	**Authorized Signature**		
City	State	Zip	Telephone Number
Tax Exempt (Yes or No) and Tax Exempt Number	Email address		

- Please submit this form at the time of registration. This authorization confirms your financial responsibility. Cancellation of this authorization must be submitted in writing to the Cashier's Office prior to the first class meeting to release your financial obligation.**
- Return Completed/Signed Form along with Group Registration Form to:**

Western Technical College, Attn: Western Public Safety Training Center, 11177 Cty Hwy A, Sparta, WI 54656
Email: schwartzs@westerntc.edu

Please call 608-789-4747 with questions

The agency (or student) is responsible for dropping their students and will be liable for any charges that may be applicable. **Refunds:** Refunds are based on the beginning date and scheduled length of classes and the date the class is officially dropped. Refunds are not based on whether or not the student attends the class. For all classes the refund policy is: 100% if the district cancels the class; 100% of refundable fees if the student officially drops the class before the first class meeting and has turned in the correct paperwork to Enrollment Services before the first class meeting; 80% of refundable fees if less than 11% of total class meetings have met; 60% of refundable fees if between 11-20% of total class meetings have met. No refund after more than 20% of total class meetings have met.

Complete all fields. STUDENT ACTUAL CONTACT INFORMATION REQUIRED. Student ID only applicable if student has taken Western course(s) previously. **Birthdate is required for state reporting and certification purposes.** Student's home address is required for mailing of course announcements & course completion certificates. **E-mail & phone required for course announcements & cancellations.** E-mail is our primary form of communication. **PLEASE PRINT LEGIBLY. THIS INFORMATION IS USED FOR STATE FORMS & COURSE CERTIFICATES**

Sponsoring Fire Department Name: _____

Course & Location: _____

Student ID:		Birthdate: / /	
Last Name:	First Name:	Previous Name:	MI
:			
Address:			
City:	State	County:	Zip () <input checked="" type="checkbox"/> for consent to share e-mail address w/class, if necessary.
:			
E-Mail:		Phone:	
The following information is collected to enhance program efforts at Western & is Voluntary:			
Ethnicity:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Response	
High School:		City:	State:
If College, highest grade completed:			

Student ID:		Birthdate: / /	
Last Name:	First Name:	Previous Name:	MI
:			
Address:			
City:	State:	County:	Zip () <input checked="" type="checkbox"/> for consent to share e-mail address w/class, if necessary.
:			
E-Mail:		Phone:	
The following information is collected to enhance program efforts at Western & is Voluntary:			
Ethnicity:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Response	
High School:		City:	State:
If College, highest grade completed:			

Student ID:		Birthdate: / /	
Last Name:	First Name:	Previous Name	MI:
:			
Address:			
City:	State:	County	Zip () <input checked="" type="checkbox"/> for consent to share e-mail address w/class, if necessary.
:			
E-Mail:		Phone:	
The following information is collected to enhance program efforts at Western & is Voluntary:			
Ethnicity:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Response	
High School:		City:	State:
If College, highest grade completed:			

Each student must complete and sign the Western Technical College Liability Waiver form before the start of class. **Individuals under the age of 18 must have their parent/guardian sign the Western waiver and State waiver form before attending a fire class.** Parent/Guardian signatures must be witnessed either by notary or staff at Western Sparta Public Safety Training Center. Contact Sparta Public Safety Training Center in this situation.

Western Technical College Student Liability Release Waiver

This is a legally-binding Liability Release, Waiver, Discharge, and Covenant Not to Sue made by me,

_____, (Student Name)

Please Print

(hereinafter referred to as the "Releasor") to Western Technical College (hereinafter referred to as the "College").

I fully recognize that there are dangers and risks to which I may be exposed by participating in firefighting and rescue activities during the training course listed on this form. The following is a description of the risks associated with this activity: death, permanent disability, severe injury, and minor injuries. I understand that the College does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I, therefore, agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and return for the services, facilities, and other assistance provided to me by the College in this activity, I release the College (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, including death, or from damage to my property in connection with this activity. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act on my part, including but not limited to negligence, mistake, or failure to supervise.

I assure the College that there are no health-related reasons or problems which preclude or restrict my participation in this activity. I further assure the College that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity, and I will indemnify and hold the College harmless for any such medical costs.

I understand that this Release means I am giving up, among other things, rights to sue the College, its governing board, employees, and/or agents for injuries (including death), damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I meet the prerequisites and requirement of the class, and I will abide by the rules, safety requirements, and policies of the class and Western Technical College.

I HAVE READ THIS ENTIRE RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE LEGALLY BOUND BY IT.

Releasor's Signature _____ Date _____

If Student is Under 18:

Parent/Guardian Signature _____ Date _____

(Parent/Guardian signature(s) must be witnessed either by professional notary or staff at Western Sparta Public Safety Training Center.)