

Doña Ana County Fire and Emergency Services
Training Application

845 N. Motel Blvd. Las Cruces, NM 88007 Phone (575) 647-7921 Fax (575) 525-5998

SECTION I – COURSE INFORMATION

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| COURSE TITLE: |
| COURSE DATE(s): |
| COURSE LOCATION: |

SECTION II – APPLICANT INFORMATION

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|---------------------------------|----------------|
| FIRST NAME: | LAST NAME: |
| MAILING ADDRESS: | EMAIL ADDRESS: |
| PHONE NUMBER: | SHIRT SIZE: |
| EMERGENCY CONTACT NAME: | |
| EMERGENCY CONTACT PHONE NUMBER: | |

SECTION III – FIRE DISTRICT/AGENCY INFORMATION

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| DISTRICT/AGENCY NAME: | |
| AUTHORIZING OFFICER: | TITLE: |
| PHONE NUMBER: | EMAIL ADDRESS: |

SECTION IV – LIABILITY AND WAIVER INFORMATION

Are you 18 years of age or older? YES NO If no, parent or guardian must sign below.

Applicants under the age of 18 may be rejected for certain courses due to age restrictions.

Parental Permission (if applicant is under 18 years of age)

I, _____, (parent or guardian) agree that my child, _____ (minor) may participate in the above Doña Ana County Fire and Emergency Services Training Course. I acknowledge that he/she will participate in the Course at his/her own risk, with full knowledge and understanding that he/she is not eligible for worker's compensation in the event of an injury. My signature, below, acknowledges my understanding that I will hold Doña Ana County harmless from any claim for damages, injuries, or other losses that may arise during my child's participation in the Training Course.

Signature of Parent or Guardian:

Date:

Do you have any medical condition or disability that would require special consideration during your attendance of the above training course? YES NO *If yes, please give a full explanation on a separate page and attach to this application.*

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| Signature of Applicant: | Date: |
|-------------------------|-------|

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| Signature of Authorizing Officer: | Date: |
|-----------------------------------|-------|

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| Accepted by: | Date: |
|--------------|-------|