

*The Robert E. Norman
Southern Ohio*



REGISTRATION & RELEASE FORM

The following agreement, in consideration of the Robert E. Norman Southern Ohio Fire & EMS School, Inc., to allow me to participate in the annual school held on September 14 & 15 2024 in Clarksville, Ohio. I agree to hold harmless for any damages that I may suffer, either personal injury or property damage, the Robert E. Norman Southern Ohio Fire & EMS School, Inc., the Board of Directors, the Advisors, the Instructors, Assistants and Clinton – Warren Joint Fire District, including any other corporation, business, organization or individual who supplies equipment or services to the Robert E. Norman Southern Ohio Fire & EMS School, Inc. for any injuries which occur while I am participating in, going to, or from any activity or class associated with the Robert E. Norman Southern Ohio Fire & EMS School, Inc being held on September 14 & 15 2024. I further agree to hold harmless any above named individuals or organizations, or other individuals who allow participants of said school to go upon their property for any purpose. I further agree to be responsible for any equipment issued to me or used by me in any class associated by the Robert E. Norman Southern Ohio Fire & EMS School, Inc

Students Signature

Date

Witness Signature

Date

Please Print the following information

Student Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone; _____ SSN or Cert # (REQUIRED) _____

Department Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Circle the public safety service you represent: FIRE EMS LAW Other: _____

Please list your first and second choice course for each day you request

Saturday: _____ Class

1st Choice: _____

2nd Choice: _____

Sunday: _____ Class

1st Choice: _____

2nd Choice: _____

CREDIT CARD INFORMATION

NAME ON CARD: FIRST: _____ LAST: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE NUMBER: _____

E-MAIL-ADDRESS: _____

CARD NUMBER: _____ 3 DIGIT SECURITY CODE: _____

AMOUNT: _____ EXPIRATION DATE (MM/YY): _____

PLEASE FAX FORM TO NUMBER: 937-393-2655