

HUNTERDON COUNTY EMERGENCY SERVICES TRAINING CENTER

PO Box 2900, 201 Cherryville Road, Flemington, New Jersey 08822-2900

Phone – 908-806-5599 Fax – 908-782-0057



JUNIOR/CADET COURSE REGISTRATION FORM

Part 1: Course Information

A. Name of Course:	B. Course Number:	C. Date(s) of Course:

Part 2: Student Information (All boxes MUST be filled out – if you do not have an email, drivers license, or DFS or OEMS number, then enter “NONE” in the box)

A. Name: (Last, First, MI)	B. Address:	C. Phone:	D. Date of Birth (Month/Date/Year)
D. Drivers License # / State	E. Email Address:	F. NJ DFS #	G. NJ OEMS #

Signature of Student: _____ **Date:** _____

I hereby give my permission for my child listed above, to attend classes at the Hunterdon County Emergency Services Training Center. I certify that all the above information is correct and that my child does not have any physical and/or other conditions which would prevent them from actively participating in all portions of this course. Additionally, I also give consent to the Hunterdon County Emergency Services Training Center to obtain medical attention for my child should it become immediately necessary.

Signature of Parent: _____ **Printed Name:** _____

Emergency Contact Number: _____ **Other information:** _____

Part 3: This section to be filled out by organizations Chief officer:

A. Organization Name:	B. Address:	C. Phone:	D. Fax:
E. Officer Name:	F. Rank	G. Signature	H. Date
I. Email Address:			

The above officer certifies that the student from this organization enrolled in the above course does not have any conditions that would prevent them from actively participating in all portions of the course. When necessary the student will be provided by this organization with PPE and SCBA complying with PEOSHA standard N.J.A.C. 12:100-10. The above student using SCBA is being monitored in a PEOSHA compliant respiratory protection program. The above also certifies that the student listed above is covered by Workman’s Compensation and Liability Insurance, or are otherwise insured by this organization, as indicated, by a copy of a current certificate of insurance attached to this application or on file with HCESTC. Additionally, the organization is aware of and abides by the rules and regulations of the Child Labor Laws of the State of New Jersey relating to their membership.

Part 4: To be completed by the HCESTC:

APPROVED & REGISTERED REJECTED – REASON: _____

INSTRUCTIONS FOR COMPLETION OF JUNION/CADET COURSE REGISTRATION FORM

Part 1 – Course Information

- A. Name of Course: Enter the name of the course you wish to take as written in the Course Catalog.
- B. Course Number: Enter the course number as written in the Course Catalog.
- C. Dates of Course: Enter the course dates as written in the Course Catalog.

Part 2 – Student Information

- A. Name: Enter your last name followed by your first name, followed by your middle initial.
- B. Address: Enter your mailing address: street, city, and zipcode.
- C. Phone: Enter a phone number where you can be reached.
- D. Date of Birth: Enter your date of birth, month / date / year
- E. Drivers License # / State: Enter your drivers license number or motor vehicle issued ID number and State. If you do not have one, write “None” in the box.
- F. Email Address: Enter your email address. If you do not have one, write “None” in the box.
- G. NJ DFS #: Enter your NJ Division of Fire Safety number. If you do not have one, write “None” in the box.
- H. NJ OEMS #: Enter your NJ Office of Emergency Medical Service number. If you do not have one, write “None” in the box.

Sign and date under the student area.

Have your parent or guardian read the statement, sign their name, print their name, provide an emergency contact telephone number, and provide any other vital information.

Part 3 – This section to be filled out by organizations Chief officer

- A. Organization Name: Enter the legal name of your organization.
- B. Address: Enter the mailing address for the organization: street, city, and zipcode.
- C. Phone: Enter the main phone number for the organization.
- D. Fax: Enter the fax number for the organization.
- E. Officer Name: Enter the name of the officer who is signing this application.
- F. Rank: Enter the rank of the officer who is signing this application.
- G. Signature: The officer signs here after reading the statement below the signature box.
- H. Date: Enter the date the officer signs the application.
- I. Email Address: Enter the email address for the officer. If you do not have one, write “None” in the box.

Part 4 – To be completed by the HCESTC