



STUDENT COURSE APPLICATION

Ohio Fire Academy, Registrar
8895 East Main Street
Reynoldsburg, Ohio 43068

Registrar: 614-752-7189 / 888-726-7731
Email: webofa@com.state.oh.us
Fax: 614-752-7111

Website:
www.ohio.com.gov/fire

Student Information (Print or type) (ALL INFORMATION IN THIS SECTION IS REQUIRED UNLESS NOTED: FAILING TO PROVIDE THIS INFORMATION WILL VOID THE APPLICATION)

New Student <input type="checkbox"/>	Existing Student <input type="checkbox"/>	Student ID or Last 4-digits of SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Name: FIRST <input type="text"/> MI <input type="text"/> Last <input type="text"/>	Home Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
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Home # (<input type="text"/>)	Fax # (optional) (<input type="text"/>)	Cell / Pager # (optional) (<input type="text"/>)
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County <input type="text"/>	Code <input type="text"/>	E-mail Address (Confirmation information distributed via E-mail)
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Current Fire Department / Organization Information

Rank/Title/Position <input type="text"/>	Current Position: <input type="checkbox"/> Career <input type="checkbox"/> Part Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (specify)
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Fire Department/Organization Name <input type="text"/>	Address <input type="text"/>
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City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>	Code # <input type="text"/>	FDID/Agency # (if known) <input type="text"/>
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Chief of Department/Supervisor Signature: <input type="text"/>	Phone # (<input type="text"/>)	Fax # (<input type="text"/>)
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Course/Dormitory Information (OFA ONLY)

Complete one form for each course	Course Title <input type="text"/>	OFFICE USE ONLY
Course Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Offering <input type="text"/> <input type="text"/> <input type="text"/>		

Course Date(s): <input type="text"/>	Have you met the prerequisites for this class? <input type="checkbox"/> Yes <input type="checkbox"/> No enclose appropriate documentation	I request a dormitory on date(s). (OFA Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Reservation # <input type="text"/>
			Room # <input type="text"/>

Payment Information for OFA Classes only

Method of Payment: <input type="checkbox"/> Check/Cash (Payment due at start of course) <input type="checkbox"/> FD/Organization-P.O. # <input type="text"/> <input type="checkbox"/> RCFA (Application must be attached)	A/R # <input type="text"/>
<input type="checkbox"/> Charge: Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiration Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Type of Card: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa	

Application must be signed by student or responsible party.

I understand that if I register for a course and fail to attend, I will be charged the full enrollment fee, unless I notify the Registrar at least 48 hours prior to the class start date. All cancellations must be approved by the Academy Administration. I acknowledge that I have read, understand and accept the terms of the waiver on the back of this form.

Signature: **Date:**

County codes and Waiver information is located on the back of this form

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE
An equal opportunity employer and service provider

COUNTY CODES

1 Adams	12 Clark	23 Fairfield	34 Harrison	45 Licking	56 Monroe	67 Portage	78 Trumbull
2 Allen	13 Clermont	24 Fayette	35 Henry	46 Logan	57 Montgomery	68 Preble	79 Tuscarawas
3 Ashland	14 Clinton	25 Franklin	36 Highland	47 Lorain	58 Morgan	69 Putnam	80 Union
4 Ashtabula	15 Columbiana	26 Fulton	37 Hocking	48 Lucas	59 Morrow	70 Richland	81 Van Wert
5 Athens	16 Coshocton	27 Gallia	38 Holmes	49 Madison	60 Muskingum	71 Ross	82 Vinton
6 Auglaize	17 Crawford	28 Geauga	39 Huron	50 Mahoning	61 Noble	72 Sandusky	83 Warren
7 Belmont	18 Cuyahoga	29 Greene	40 Jackson	51 Marion	62 Ottawa	73 Scioto	84 Washington
8 Brown	19 Darke	30 Guernsey	41 Jefferson	52 Medina	63 Paulding	74 Seneca	85 Wayne
9 Butler	20 Defiance	31 Hamilton	42 Knox	53 Meigs	64 Perry	75 Shelby	86 Williams
10 Carroll	21 Delaware	32 Hancock	43 Lake	54 Mercer	65 Pickaway	76 Stark	87 Wood
11 Champaign	22 Erie	33 Hardin	44 Lawrence	55 Miami	66 Pike	77 Summit	88 Wyandot

The OHIO FIRE ACADEMY, Division of State Fire Marshal, Ohio Department of Commerce (herein "ACADEMY"), in making available its or other selected facilities, training grounds, equipment, and its staff, and in its provision of an opportunity to learn on the part of its students and other invitees, makes no representation of and assumes no liability for the suitability or condition of its or other selected facilities, training grounds or equipment, or for the competency of its staff, or for the quality and content of its educational services.

The ACADEMY assumes no liability for and shall be indemnified and held harmless for any claims, demands or suits of any nature, kind or description whatsoever, including, but not limited to claims for direct, indirect or consequential damages, acts of god, or any types costs and expenses, for or on account of any loss or damage to property owned or possessed by any student or other invitee or any injury to any student or invitee which may result from any cause, including but not limited to, the condition and operation of ACADEMY facilities, training grounds, and equipment, or the condition and operations of any other selected facilities, training grounds and equipment, and the acts or omissions of members of its staff or the acts or missions of other students or invitees.

The members of the ACADEMY staff and the instructors who are independent contractors with the state, in their personal and representative capacity, assume no liability for and shall be indemnified and held harmless for any claims, demands or suits of any nature, kind or description whatsoever, including, but not limited to claims for direct, indirect or consequential damages, acts of god, or any types costs and expenses, for or on account of any loss or damage to property owned or possessed by any student or other invitee or any injury to any student or invitee which may result from any cause, including but not limited to, the condition and operation of ACADEMY facilities, training grounds, and equipment, or the condition and operation of any other selected facilities, training grounds and equipment, and the acts or omissions of members of its staff or the acts or omissions of other students or invitees.

Student or invitee hereby authorizes the ACADEMY to seek emergency medical assistance on his or her behalf, as necessary, and agrees to pay for any and all medical expenses incurred on his or her behalf, Student or invitee shall indemnify and hold harmless the ACADEMY for any and all such emergency medical expenses and for any claims related to the aid rendered to the student or invitee by the Academy or its Staff during any such emergency situation.

By signing this document, the student or invitee hereby voluntarily acknowledges that he or she understands and accepts the above terms as a condition of the student or invitee's participation in any Academy sponsored event, training, class, use of any State property or equipment or other circumstance as described in paragraph one of this waiver and that any such participation in the aforementioned activities may involve difficult, strenuous and dangerous physical activities to be undertaken by the student or invitee and that the student or invitee expressly assumes all of the risks associated with such activities. The student or invitee further expressly agrees not to bring a suit for damages against the State of Ohio, its employees or any independent contractors based upon any of student or invitees liabilities they waived in this document. This document constitutes the complete agreement between the parties.