

# REGISTRATION FORM

Name \_\_\_\_\_  
First MI Last

Complete all information and return with remittance to:  
Laredo International Fire and Law Enforcement Training Facility  
26911 Pinto Valle Dr.  
Laredo, TX 78045

Phone (956) 417-5884  
(956) 417-5885  
Fax (956) 417-5886

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

**IMPORTANT: Social Security Number and Date of Birth are required for registration for any course. No one under the age of 18 years of age will be permitted to register for any course. I have read and understand the Liability Release Information and the Social Security Notice on the following pages.**

X \_\_\_\_\_  
Liability Release and Social Security Notice Signature

Department/Company \_\_\_\_\_

Work Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Dept. /Co. Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Fax \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-mail \_\_\_\_\_

Dept. / Co. Address \_\_\_\_\_  
Street or P.O. Box City State Zip

County \_\_\_\_\_ Country \_\_\_\_\_

Dept. Contact \_\_\_\_\_

Indicate the courses, in preference, student will be attending.

1. Course # \_\_\_\_\_ Course Name \_\_\_\_\_  
2. Course # \_\_\_\_\_ Course Name \_\_\_\_\_  
3. Course # \_\_\_\_\_ Course Name \_\_\_\_\_

I, the undersigned verify that I have successfully completed the required prerequisites as outlined in this catalog.

Name (Print or Type) \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Dept. /Co. Name \_\_\_\_\_

I, the undersigned, as chief or training officer of the represented fire department, company, or organization, Verify that the above named individual has successfully completed the required prerequisites outlined in this catalog.

Name (Print or Type) \_\_\_\_\_ Signature \_\_\_\_\_

## PAYMENT FEES MUST ACCOMPANY REGISTRATION

Form of Payment (check one)

\_\_\_ Cashier's Check Payable to City of Laredo  
\_\_\_ Money Order payable to City of Laredo  
\_\_\_ Visa                      \_\_\_ MasterCard

Card Number \_\_\_\_\_

Printed Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Tuition \_\_\_\_\_  
Dormitory \_\_\_\_\_  
Misc. \_\_\_\_\_

Grand Total \_\_\_\_\_

Which Nights? \_\_\_\_\_

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

### Office Use Only

Record # \_\_\_\_\_

Course # \_\_\_\_\_

Student \_\_\_\_\_

Check # \_\_\_\_\_

Receipt \_\_\_\_\_

Invoice \_\_\_\_\_

Confirmation \_\_\_\_\_

### LIABILITY RELEASE

1. In consideration for receiving permission to participate at the Laredo International Fire and Law Enforcement Training Center, I hereby release, indemnify, and covenant not to sue the City of Laredo, Laredo Fire Department, Laredo International Fire and Law Enforcement Training Center, their officers, instructors, agents or employees (Releasees) from any and all liability, claims, costs and causes of action arising out of related to any property damage or personal injury, including death, that may be sustained by me, while participating in such activity, or while on the premises owned or leased by Releasees. I acknowledge there may be physically strenuous activities. I know of no physical or mental condition, which would preclude my full participation.
2. I am fully aware of the risks and hazards involved with participating at the Laredo International Fire and Law Enforcement Training Center, including but not limited to burns, heat stroke, Heart attack, heat exhaustion, falls, and other related injuries, and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property.
3. I understand that the City of Laredo, Laredo Fire Department, and the Laredo International Fire and Law Enforcement Training Center does not maintain any insurance policy covering any circumstances arising from my participation in the activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. In signing this release, I acknowledge that I have read and understand the Release: and I am at least eighteen (18) years of age and fully competent.
5. By registering for any course, I hereby give the City of Laredo, Laredo Fire Department, and the Laredo International Fire and Law Enforcement Training Center permission to reproduce and publish my name and/or photographic likeness.

### **SOCIAL SECURITY ACCOUNT NUMBER: Notice to Registrants**

Section 7(b) of the Privacy Act of 1974 (5 U.S.C. 552a) requires that when any federal, state, or local government agency requests an individual to disclose his or her social security account number (SSAN), that any individual must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited and what uses will be made of it.

Accordingly, all registrants for the Laredo International Fire and Law Enforcement Training Center Courses are advised that disclosure of one's SSAN is required as a condition of being admitted into the Laredo International Fire and Law Enforcement Training Center courses, in view of the practical administrative Difficulties which would be encountered in maintaining adequate student records without continued use of the SSAN.

The SSAN is used to verify the identity of the student in order to record necessary data accurately. As an identifier, the SSAN is used in such activities as: maintaining accurate records of courses taken and successfully completed and verifying successful completion of courses to supervisors and other agencies.

Authority for requiring the disclosure of a student's SSAN is grounded on section 7 (a)(2) of the Privacy Act, which provides that an agency may continue to require disclosure of an individual's SSAN as a condition of the granting of a right, benefit, or privilege provided by law where the agency required this disclosure under statute or regulation prior to January 1, 1975, in order to verify the identify of an identity of an individual.

I have read and understand this material and I certify that the information provided by me is true and Correct to the best of my knowledge. This document is executed in good faith.

### **PREREQUISITES**

The prerequisites, as outlined in this catalog, have been successfully completed prior to registering for courses that require the prerequisites.