

LIFEGUARD SYSTEMS Student Registration Form

Please print neatly and fax completed form to Karen 845-657-5549 (fax)

or e-mail to karen@teamlgs.com

Course Name: **Field Diver Medic/First Responder Course**

Location: **Brandon, FL**

Program Dates: **August 13-17, 2016**

Course Name: **During this course I will be a (check one): DIVER or TENDER only**

Is this your first LGS class? _____

How did you learn about **this** class? _____

Name (for certificate): _____ Rank: _____

Date of Birth: ___/___/___

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone # (____)-____-____ Cell Phone # (____)-____-____

Evening Phone # (____)-____-____ Fax # (____)-____-____

E-mail address _____@_____

Occupation: _____

Name of FD, PD, EMS, you are from: _____

Name of person in charge of team or dept: _____

Phone (____)-____-____

Diver? _____ On a team? _____ Level: _____ Cert. agency: _____

Approximate # of dives: _____ Years diving: _____

Course spot will be reserved by (PO or Voucher #, credit card, check, etc...)?

Name on Credit Card: _____ Address: _____

Credit Card #: _____ Exp. Date: _____ CV Code: _____