

# MARCH 28 & 29, 2025 AG RESCUE TRAINING REGISTRATION / PAYMENT VOUCHER

Complete and return this form with payment and waivers OR register on-line

**Due:** March 18, 2025

**Mail to:** Washington County Fire Training Officers Association  
P.O. Box 333; Allenton, WI 53002

DEPARTMENT: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## STUDENT INFO/REGISTRATION:

NAME: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Email: \_\_\_\_\_

NAME: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Email: \_\_\_\_\_

NAME: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Email: \_\_\_\_\_

NAME: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Email: \_\_\_\_\_

NAME: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Email: \_\_\_\_\_

NAME: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Email: \_\_\_\_\_

A Firefighter/EMS/Cadet Release of Liability & Department Authorization for Payment and Participation form must be completed and returned for each participant before they will be allowed practical participation during the Saturday class. Copies can be attained by emailing [jsimonson@village.kewaskum.wi.us](mailto:jsimonson@village.kewaskum.wi.us) or scanning the QR codes below.

**REGISTRATION FEE IS \$75.00 PER PERSON**

*Checks written to WCFTOA*

*Number of Students:* \_\_\_\_\_

*Amount enclosed:* \_\_\_\_\_

\$ \_\_\_\_\_

**Hard Copy certificate presented at end of class**



**FF/EMS Liability**



**Register ONLINE**



**Cadet Liability**