



Mission: To inspire lifelong learning and leadership through experience, excellence and innovation.
Vision: Transforming the future through innovative learning.
Values: We value learner success, integrity, respect, community, excellence and innovation.



COURSE REGISTRATION

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under the Act. Information is collected for the purpose of enrollment in and the administration of fire & emergency services program courses. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; FOIP@lakelandcollege.ca).

PERSONAL INFORMATION Please print clearly.

Middle name and date of birth are required for accurate records management. Applications missing this information will be rejected.

Please indicate: Male Female

Surname	First Name	Middle Name
Maiden / Former Name (if applicable)	Date of Birth (mm/dd/yyyy)	Student ID#
Mailing Address		
Town / City	Province	Postal Code
Email	Business Number	Cell Number
Emergency Contact	Relationship	Emergency Contact Number

REGISTRATION INFORMATION Please print clearly.

Course Name	Course ID#	Start Date
Course Name	Course ID#	Start Date

PAYMENT INFORMATION Please print clearly.

Please choose one of following: *Please issue a receipt*

Cheque/Money Order Payable to Lakeland College. Please include payment with your application.

Credit Card Number

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Expiration Date (month / year) **3-digit Security Code**

Name of Cardholder **Cardholder's Email**

INVOICE INFORMATION Please print clearly.		
Purchase Order Number		
Host Department or Company Name	Contact Name	
Mailing Address	Contact Number	
Town / City	Province	Postal Code

ALBERTA MUNICIPAL FIRE DEPARTMENT MEMBERS Please print clearly. Complete only if applicable. <i>The following information is to be completed by the Fire Chief or Municipal CAO.</i>	
I confirm that the following applicant is a current and active member of below mentioned department:	
Name of Applicant	Name of Fire Department
Signature of Supervisor	Contact Number

DECLARATION Please print clearly.	
Caution – Physical Requirement Applicant’s supervisor must read and sign the following as part of this application, if “practical evaluation” is noted in course description. Many courses/programs are physically demanding. If the supervisor or the applicant have any concerns about the applicant’s ability to do any of the following activities, both with and without wearing breathing apparatus and personal protective equipment weighing at least 27 kg (60 pounds), you must contact Lakeland College at 1 800 661 6490 to provide additional relevant information at the time of application: a) Crawling, bending, lifting, pushing and climbing in restrictive areas; b) Climbing 3 to 7 storeys of stairs both in normal and extreme temperatures (approximately 315C/600F) while carrying, pulling, and/or pushing a weighted object (9 to 90kg/20 to 200 pounds) both with and without assistance; c) Performing the tasks set out in a) and b) above combined with less strenuous tasks for a 2-hour duration	
I have read and understood the preceding caution on behalf of:	
Name of Applicant	Name of Supervisor
Signature of Supervisor	Contact Number

DECLARATION OF APPLICANT Please print clearly.	
I agree to be solely responsible for any injury, loss or damage which I might sustain while participating in any Emergency Training Centre program, course/series due to any cause whatsoever and I agree to release the Emergency Training Centre, its directors, officers, employees, agents, students, volunteers and independent contractors of all responsibility for such injury, loss or damage. I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld. If admitted, I agree to comply with all rules and regulations of ETC. I have read and understand all the above statements.	
Applicant’s Signature	Date

EMAIL OR FAX APPLICATION TO:
Lakeland College
5707 College Drive
Vermilion, AB T9X 1K5
Fax: 1 780 853 8594

QUESTIONS?
Phone: 1 800 661 6490 ext. 8633
Website: www.lc-etc.ca