



CERT
Community Emergency Response Team
Registration

Name: _____ Date: _____

Date of Birth: _____ email Address: _____

Address: _____

Phone Number: Daytime _____ Evening _____

How did you hear about this class? _____

Do you have any medical condition that would prevent you from participating in moderate physical activities? YES NO If YES, please describe:

Emergency Contact: _____ Phone: _____
(name and relationship)

I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

I certify that all statements set forth on my application are true and complete.

Signature (Parent/Guardian if under 18)

Date

Mail Completed Application To: Snohomish County Fire District 1
Attn: Kristen Thorstenson
12310 Meridian Avenue
Everett, WA 98208