

<u>Personal</u> <u>Information</u>

## **PORT CANAVERAL MARITIME ACADEMY**

d.b.a., Port Canaveral Marine Firefighting Training Academy, Inc.
In association with Canaveral Port Authority

~PROVIDING KNOWLEDGE AND EXPERIENCE TO THE SEAFARER FOR SAFETY ON THE SEAS~

8970 Columbia Road Cape Canaveral, FL 32920 Telephone: (321) 783-4251 Fax: (321) 783-4887

## **COURSE REGISTRATION FORM**

## PRINT OR TYPE all information and sign.

ADDRESS:\_

NAME:\_

: :	STATE:	COUNTRY:	ZIP:
HDATE:	PASSPORT, SSN,	or ID:	
E:		PHONE:	
ADDR	ESS:		
RSE NAME:	COUR	RSE DATE:	
LITY RELEASE			
	on this	day of	. 20
ted Full Name)			
harmless Port Canaveral Maritime Academy, Port Canaveral Maritime Academy Instructors, Cape Canaveral Volunteer Fire			
			iabilities and/or damages or
	•		se me to high temperatures
ed course exercises in the fir	e training simulator. I als	so understand the Pers	sonal Survival Techniques
n the water survival training s	imulator. I certify that I	am at least 18 years of	age, meet all applicable medica
and am adequately conversa	nt in the English langua	ge to complete the cour	se requirements.
or ability of said student to se	erve in such capacities v	vhile actually employed	aboard the vessels of his/her
			-
Signature - required for enrollment)			
	Page 1 of 1		
	E:ADDR  RSE NAME:  LITY RELEASE  Led Full Name) cription and requirements for aritime Academy, Port Canavibers, Canaveral Port Authoring or that may result from the ground course exercises in the fire able, exposes me to the norm in the water survival training sand am adequately conversal by and between Port Canavibluate the student, Port Canavibluate the Academy to professional pr	ADDRESS:  RSE NAME:	

(First, Middle, Last Name)