



YORK COUNTY FIRE SCHOOL

Company Level Training Member Participation Sheet

(No one under the age of 18 is allowed to participate in Live Fire/Smoke Evolutions)

Course/Program: _____ Date: _____

Fire Company: _____

| Name | Name | Name |
|------|------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

DEPARTMENT AUTHORIZATION TO ATTEND COMPANY LEVEL TRAINING

As **Chief Officer/Training Officer** of the _____ Fire Department/Company, I hereby authorize that the above members are able to participate in the company level training and, therefore, understand that the above individuals will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the York County Fire School and The Fire Chiefs and Firefighters Association of York County Incorporated shall not be liable for any injuries sustained during such training, nor be responsible for any damage or loss of equipment or personal items of said department while on the property participating in company level training. I also authorize that all members listed above are considered by my departments standards to be physically and emotionally fit to perform firefighting evolutions without special considerations and have met the minimum training requirements as required by the York County Fire School. The York County Fire School reserves the right to request copies of all required certification and/or training for any or all participating members listed above.

Chief Officer/Training

Officer's Name:

(please print)

Chief Officer/Training

Officer's Signature;

Date:

/ /