



Course Registration Form

Please Write Clearly. Your name will appear on your certificate as it is written on this form. Replacement fees apply for misspelled certificates due to illegible handwriting.

*****PLEASE MAKE SURE TO COMPLETE THE BACK*****

First Name

Last Name

Date of Birth

Street Address

Apt#

City

State

Zip Code

Phone

Email

Company Name

LaGuardia Zack Academy 360Training Able Safety

Students are required to be on time for all classes and attend all days. Make up sessions are required for students that arrive more than 20 minutes late.

FOR OFFICE USE ONLY:

ID Checked

10 OSHA 40 SSM CSFSM 30 CSM End Date: _____

30 OSHA 8 SSC 8Hr Lead 8 CSMR Language: _____

4Scaff 7 SSMR 16 NOA 8Hr Rig/Sig

16SuspScaff RRP Initial Flagging 8Hr Asbestos Other _____

Card Check Cash: \$ _____ Date: _____ Bill to Co. _____ PIF Bookeo

Card Check Cash: \$ _____ Date: _____ Notes:

Card Check Cash: \$ _____ Date: _____



Student Agreement

Please initial each paragraph to confirm you have read all policies and procedures.

_____, I, the student, fully understand that in order to receive a certificate/card of completion for the course, I must:

- Be able to clearly communicate with the instructor and complete all paperwork in the language the course is delivered. No personal interpreters permitted.
- Complete all required paperwork: registration, evaluation, attendance, etc.
- Attend all required hours of the course. Any make up sessions must be completed within six months from the course start date.
- Participate during class activities and reviews.
- Complete all tests with a passing grade of 70%.

No exceptions will be made. No partial credit awarded for any course.

_____, I, the student, fully understand that the fee for the course, including any deposit made, is non-refundable. Certificates cannot be released until full payment has been received. Course fees include: certificates, all course materials, and administrative fees. Available for purchase are: extra booklets, certificate replacements, and mailing of certificates.

_____, I, the student, give Safety Dynamics, LLC permission to verify my information with any regulating organizations, including but not limited to the New York City Department of Buildings, and the New York City Transit Authority, as it pertains to state and federal laws and regulations, and to any third party through which I have originally registered through, e.g. my employer, a school, etc.

_____, I, the student, understand that under no circumstance, other than the ones stated specifically in the previous paragraph of this agreement, will Safety Dynamics, LLC disclose any of my information. This includes contact and payment information, as well as releasing any copies of or original certificates/cards to a person other than myself, without written consent.

I, the student, give Safety Dynamics, LLC permission to contact the following person and to release to them my certificate/card in the event that I am unable to pick them up myself:

Name: _____ Phone Number: _____

I, the student, have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Safety Dynamics, LLC, and sign it of my own free will.

Student Name (Print)

Date

Student Signature

Safety Dynamics, LLC Representative