

Semester: Fall \_ Spring \_ Summer \_ Year: \_\_\_\_\_



### EMT-BASIC CLASS REGISTRATION FORM

EMERGENCY MEDICAL SERVICES  
UNIVERSITY OF MASSACHUSETTS, AMHERST



Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street / Apt / PO Box  
\_\_\_\_\_  
City / Town State Zip

Perminant Address: \_\_\_\_\_  
Street / Apt / PO Box  
\_\_\_\_\_  
City / Town State Zip

ID (Driver's Licence or SSN): \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Cell Phone: ( ) - \_\_\_\_\_  
Please circle preferred phone number.

Email: \_\_\_\_\_ @ \_\_\_\_\_  
Male  Female

Additional / Emergency Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Successful completion of this course does not guarantee Massachusetts certification as an EMT-Basic. All **successful** applicants are, however, eligible to take the Massachusetts EMT-Basic certification exam.

Office Use Only

Deposit  Tender: \_\_\_\_\_ Course  Tender: \_\_\_\_\_



I, the undersigned, understand that deposits are non-refundable. In the event that the class is cancelled, a full refund will be furnished, or applied to a future semester.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_