



Student Registration For Fur Takers of America Trappers College

P.O. Box 51
Lagrange, IN 46761

Telephone (260) 350-0131
email ftatrapperscollege@gmail.com

DIRECTIONS: Please Print.

****The consent of the parent or guardian is required for those students under the age of eighteen (18). (See below)**

You now trap Full time <input type="checkbox"/> Part time <input type="checkbox"/> No experience <input type="checkbox"/>			You plan to trap Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other <input type="checkbox"/>		
Name (Last, first, middle)				Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address (number and street, city, state, and ZIP code)			Date of Birth (Month, Day, Year)		
			Cell phone number		
			Home phone number		
email address (Please print clearly)					
Any medical condition for Instructor's Awareness (Optional) (Continue on back if necessary)					
Are you a lifetime member of Fur Takers of America? Yes <input type="checkbox"/> No <input type="checkbox"/>					

GUARDIAN'S LIABILITY RELEASE

I give my consent for my son / daughter _____ to attend this education course, and I hereby release the Fur Takers of America, its Trappers College, the personnel and volunteer instructors of said department from all actions, and claims, or demands, which I, my heirs, executors, administrators, or assigns have against any, or all of the above mentioned parties, for all personal injuries, known or unknown, and injuries to property, real or personal, cause by, or arising out of, any activities affiliated with this education course.

I, the undersigned parent or guardian, have read this release and understand all of its terms.

Signature of parent or guardian

Date (month, day, year)

LIABILITY RELEASE (To be completed by those applicants age eighteen or over, whereas, consent of guardian does not apply).

I, _____ desiring enrollment in this education course, do hereby release the Fur Takers of America, its Trappers College, the personnel and volunteer instructors of said department from all actions, damages and claims, or demands which I, my heirs, executors, administrators, or assigns may have against any or all of the above mentioned parties, for all personal injuries known or unknown, and injuries to property, real or personal, cause by, or arising out of, any activities affiliated with this education course.

Signature of applicant

Date (month, day, year)

Transportation to the College: Bus Train Airline Private Vehicle

Tuition enclosed Deposit enclosed Guest

Please make checks payable to **FTA Trappers College** and mail to:

FTA Trappers College
P.O. Box 51
Lagrange, IN 46761