



# 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      Part time      No experience			You plan to trap Full time      Part time      Other		
Name (Last, first, middle)				Sex Male                  Female	
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                  No					
<b>GUARDIAN'S LIABILITY RELEASE</b>					
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)	
<b>LIABILITY RELEASE (To be completed by those applicants <u>age eighteen or over</u>, whereas, consent of guardian does not apply).</b>					
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**