

REGISTRATION INFORMATION



HACC's Workforce Development and Continuing Education Enrollment Form

* Asterisks designate required information.

HACC ID (if known): _____ Social Security Number: _____

*Date of Birth: _____

*Last Name: _____

*First Name: _____ *Middle Initial: _____

*Address: _____

*City/State/ZIP: _____

*County: _____

*Primary Phone: _____ *Cellphone: _____

*Email Address: _____

*Are you a Pennsylvania resident? Yes No

*Is English your primary language? Yes No *Legal Gender: Male Female

Section Number	Start Date	Course Title	Cost
Payment is due at time of registration			*Total

Optional Information

The following questions are optional. By answering them, you will help HACC provide the widest scope of student services possible. Your responses are confidential and not used to determine admissions.

Race: (Please check all that apply.)

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

Ethnic Origin: Are you of Hispanic, Latino(a) or Spanish origin? Yes No

Gender Identity: (Please select your preferred pronouns.)

- He, Him
- She, Her
- They, Them
- Rather not say

Are you an individual with a disability? Yes No

*I hereby certify that the above information is true to the best of my knowledge.

*Your Signature Here (Required for Enrollment)

Easy Ways to Register

ONLINE:

Please visit hacc.edu/noncredit and select your preferred course. After adding the course selection to your cart, you will be prompted to complete an online enrollment form.

MAIL OR WELCOME CENTER:

Please mail your completed enrollment form with check or money order to HACC, Attn: WFD C134, One HACC Drive, Harrisburg, PA 17110.

Please do NOT mail credit card information.

If you choose to register in person, please bring the completed enrollment form and tuition payment to the Welcome Center. We accept Visa, MasterCard, Discover, check or money order.

Welcome Center Contacts

Phone: 717-780-2414

Email: wfdregistration@hacc.edu

HACC's Gettysburg Campus

731 Old Harrisburg Road
Gettysburg, PA 17325

HACC's Harrisburg Campus

One HACC Drive
Harrisburg, PA 17110

HACC's Lancaster Campus

1641 Old Philadelphia Pike, Main 218A
Lancaster, PA 17602

HACC's Lebanon Campus

735 Cumberland St.
Lebanon, PA 17042

HACC's York Campus

2010 Pennsylvania Ave.
York, PA 17404



hacc.edu
800-ABC-HACC

Gettysburg • Harrisburg
Lancaster • Lebanon • York

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SHUMAKER PUBLIC SAFETY CENTER

One HACC Drive * Harrisburg, PA 17110-2999 (717) 780-2510

Release of Liability

In consideration of being permitted to participate in any training, events and activities associated with the Harrisburg Area Community College (“HACC”) Shumaker Public Safety Center (Releasee) program/course (“Program/course”), I, _____, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the training, events and activities involved in this Program/Course is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES (as defined below) or others, and assume full responsibility for my participation in the Program.**
3. Despite such risks, I willingly agree to participate in the Program/Course and comply with its terms and conditions. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and will notify HACC of such hazard immediately.
4. I declare that I am physically and mentally fit, without health-related conditions, which may preclude my participation in activities or events of this Program/Course.
5. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during my participation in the Program/Course.
6. **I RELEASE, WAIVE, AND DISCHARGE ANY AND ALL CLAIMS that I or my heirs, assigns, personal representatives, and next of kin, may have now or in the future against HACC, and its trustees, officers, directors, employees, representatives, agents, affiliates, insurers, successors and assigns; other participants, sponsors, and advertisers of the Program; and, if applicable, owners and lessors of the premises used for the Program (collectively the “Releasees”) for any liability, expenses, loss or damage to person or property, injury, death or disability suffered from or in connection with my presence or participation in the Program due to any cause whatsoever, INCLUDING THE NEGLIGENCE ON THE PART OF THE RELEASEES. I HEREBY AGREE NOT TO SUE OR MAKE CLAIMS AGAINST THE RELEASEES AND GIVE UP ALL MY RIGHTS TO DO SO.**
7. **I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY, DEFEND AND HOLD HARMLESS the Releasees, WITH RESPECT TO ANY AND ALL LIABILITY, INJURY, DISABILITY, DEATH or loss or damage to person or property, or expenses or fees (including reasonable attorney’s fees) associated with my presence or participation in the Program, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.**
8. If any provision of this Release of Liability, or the application of such provision, shall be rendered or declared invalid by a court of competent jurisdiction, or by reason of its requiring any steps, actions or results, the remaining parts or portions of this Release shall remain in full force and effect.

I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT’S SIGNATURE

AGE:

DATE SIGNED



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Parental/Guardian Form

TO BE COMPLETED BY A PARENT/GUARDIAN OF APPLICANTS WHO ARE AT LEAST 16; BUT NOT YET 18 YEARS OF AGE

Student (Participant) Name

Participant Date of Birth

Class/Section Number

Release of Liability FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINORITY AGE

This is to certify that I am the parent or guardian of the minor Participant named above, having legal responsibility for this minor, and I do hereby consent (with the approval of my spouse, if any) to the minor's participation in the Program and agree to the Release of Liability and hereby make and enter into each and every representation, certification, waiver, release, assumption and indemnity described above in the Release of Liability on behalf of myself, the minor, any other parent or guardian of the minor, and our heirs, assigns, personal representatives, and next of kin.

I agree to give up my rights, the minor's rights, and the rights of any other parent or guardian to maintain any claim or suit against Releasees arising out of the minor's presence or participation in the Program. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THESE WAIVERS AND RELEASES, and I agree to indemnify and defend the Releasees for all liability arising out of any lack of authority on my part to make such waivers and releases.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

PARENTAL PERMISSION TO ENROLL

I parent or guardian of the participant understands that he/she is interested in enrolling in a course leading to certification by HACC, Central PA's Community College and affiliations (Releasees). I realize this is a course dealing with Human Anatomy and Physiology, and will require working closely with and physically assessing (physically assesses each other through the sense of touch within boundary areas) other students and have other students assess (physically assesses each other through the sense of touch within boundary areas) them. He/she will be taught how to handle emergencies such as: respiratory and cardiac arrest (CPR), choking, severe bleeding, emergency childbirth, ill/injured children and vehicle rescue. He/she will also be responsible for the evaluation, assessment and treatment of patients in a medical setting that will be supervised by a medical professional and/or EMS Instructor.

The intent of this course is to educate and certify personnel in emergency procedures. Therefore, I understand he/she will be taught all the skills required in an Emergency Medical Services Course to function independently, possibly on an Ambulance. To accomplish this, he/she will have to meet or exceed the requirements for course completion and certification to be certified as an Prehospital Provider in the Commonwealth of Pennsylvania.

I understand the EMS Educational Institute is not authorized to provide travel, medical, or health insurance to students. I also understand my child may be exposed to infectious diseases, and physically strenuous and/or hazardous environments.

Thus, I do, therefore, permit the participant to enroll in this course of instruction.

Parent/Guardian Signature

Parent/Guardian Print Name

Date



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One HACC Drive * Harrisburg, PA 17110-2999 (717) 780-2510 | EMS Training and Education

Permission for Release of Student Information

I, _____, hereby give the Senator John J. Shumaker Public Safety Center at Harrisburg Area Community College permission to release, for purpose of referral or verification, the following personal information as appropriate:

Personal Demographic Information

Academic Records

Written Test Scores

Practical Test Results

to:

Pennsylvania Department of Health
Bureau of Emergency Medical Services
Harrisburg, PA 17120

AND

National Registry of EMT's
6610 Busch Blvd
Columbus, Ohio 43229

Other: _____

Parent/Guardian: _____

Print Student Name

Date

Student Signature

Date

Signature of Parent/Guardian
(if applicable)

Date



Office of College Advancement
One HACC Drive • Harrisburg, PA 17110

FORM FOR PERMISSION FOR PHOTOGRAPHY, QUOTES, VIDEOGRAPHY

I, the undersigned, give permission to HACC to photograph or videotape me, either individually or in a group setting, and to use video and audio taping or photographs in which I appear in college advertisements and in publications, including, but not limited to, the **student handbook, College website, newsletters, catalogs, fliers, posters, postcards, class schedules, annual reports, email blasts, billboards and social media.** Photos will be added to HACC's Flickr site, which allows them to be downloaded and shared. I, the undersigned, give permission to HACC to use my comments solicited by HACC representatives in college advertisements and in publications, including, but not limited to, the student handbook, College website, newsletters, catalogs, fliers, posters, postcards, class schedules, annual reports, email blasts, billboards and social media.

I also understand that the College may provide to and authorize the use of such photographs and comments to other organizations, including, but not limited to, media outlets, The Pennsylvania Commission for Community Colleges, Council for Advancement and Support of Education (CASE), the Pennsylvania Department of Education and the Pennsylvania Higher Education Assistance Agency (PHEAA).

Please print.

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE # _____

EMAIL ADDRESS _____

Signature _____ **DATE** _____

Signature of parent or guardian, if minor: _____

***Class/Section Numer** _____



One HACC Drive * Harrisburg, PA 17110-2999 (717) 780-2458

SHUMAKER PUBLIC SAFETY CENTER

Policy Manual Acknowledgement

Date: _____

I have read and understood the material in the EMS education course/program manual. A copy of the manual has been provided to me, in either written or electronic form, to retain for future reference. I understand the information contained in the manual represents guidelines and policies set forth by HACC's Shumaker Public Safety Center. The College reserves the right to amend or terminate policies at any time.

I understand I am personally responsible for reading and abiding by these policies and the standards of behavior set therein.

I acknowledge that violation of these policies will result in disciplinary action, up to and including dismissal from the EMS education course/program.

Print Student Name

Date

Student Signature