



Coast Life Support District
Post Office Box 1056 • Gualala, California 95445

www.clsd.ca.gov

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EMT PREP COURSE APPLICATION

Course Dates: November 25th through December 23rd, 2023

(Saturdays 9a to 4p)

Classes will held at the Bill Platt Training Center

38901 Ocean Drive, Gualala, CA 95445

Course Fee: \$195.00

Remit Payment (check) to: Coast Life Support District, PO Box 1056, Gualala, CA 95445-1056

Note on check: 2023 EMT PREP Registration

STUDENT INFORMATION (please clearly print):

| | | |
|-----------|------------|---------------------|
| Last Name | First Name | Middle Name/Initial |
|-----------|------------|---------------------|

| | | | |
|--------------------------------|------|-------|----------|
| Street Address/Mailing Address | City | State | Zip Code |
|--------------------------------|------|-------|----------|

| | |
|--------------------------------|--------------------------------|
| Home Telephone # Preferred () | Cellular Phone # Preferred () |
|--------------------------------|--------------------------------|

| | |
|---------------|---|
| Email address | Date of Birth (must be 16 years of age) |
|---------------|---|

| | | |
|------------------------|-----------------------------------|---------|
| Emergency Contact Name | Emergency Contact(s) Relationship | Phone # |
|------------------------|-----------------------------------|---------|

| | |
|--|---------------------------------|
| Name of Sponsoring Agency (if applies) | Position with Sponsoring Agency |
|--|---------------------------------|

| | |
|---|---|
| Parent or Guardian Name (if less than 18 years) | Parent or Guardian's Telephone/Cell Phone |
|---|---|

The Coast Life Support District and REMSTC Medical Training Programs
Requirements and Expectations

The goal of the Coast Life Support District and REMSTC Medical Training Programs is to prepare and train students to render competent emergency care for patients in the pre-hospital setting. In addition, you will attain the knowledge and skills necessary to prepare you for the emergency medical services.

Listed below are certain requirements and expectations

Please read and check off each line of the following information:

Student must:

- _____ Maintain health, be free of infectious disease and practice appropriate standard precautions
- _____ Adhere to all COVID-19 safety and reporting regulations, and notify instructor of any sicknesses

In addition, students must agree to the following:

- _____ Interact with instructors, fellow students, and training staff honestly and positively
- _____ Comply with classroom and training site attire and appearance requirements
- _____ Attend class, on time, as scheduled by the instructor and abide by all program rules
- _____ Behave and perform in a professional and safe manner while completing course requirements

Your signature below acknowledges that you are verifying the information to be true and correct and that you understand and accept the class requirements.

Signature

Date

Parent or Guardian's Signature (if under the age of 18)

Date

In the below lines please list any serious health disease(s), medications or other conditions that may require monitoring, interventions or special accommodations. (HIPAA/patient/student confidentiality is always be maintained)
