



# 2022 Spring High School Training Application

New Orleans/Bayou Chapter  
 101 Riverbend Drive  
 St. Rose, LA 70087  
 Phone: 504-468-3188



Accredited Training Sponsor

Please Print Clearly

## Student Information

(All information below is **REQUIRED** for registration.)

Name: First MI Last

Mailing Address

City State Zip Code

Social Security Number Date of Birth

Cell Phone Number

Email Address

Emergency Contact Name Phone

\*ALL students required to provide a photo copy of a valid driver's license or other form of photo ID at time of registration.

## High School Information

High School Name

CTE Instructor Name (If Applicable)

Graduation Date

## Course Information

Course Name

100 150 200 250 300 350 400 450  
 Level (Circle One Course Level)

## Education Experience Information

Check all that apply:

- Actively Pursuing GED—location: \_\_\_\_\_
- High School Diploma/GED
- Vo-Tech (number of years attended) \_\_\_\_  
 Program Completed? \_\_\_\_\_
- College (number of years attended) \_\_\_\_ Degree? \_\_\_\_\_

## Optional Information

Sex Ethnic Background

**THE RECRUITMENT, SELECTION AND TRAINING OF ABC STUDENTS IS WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL OR ETHNIC ORIGIN, SEX, AGE OR PHYSICAL HANDICAP.**

**Do Not Write in this Space For Office Use Only**

- New  Sponsored Date: \_\_\_\_\_
- Returning  Un-sponsored

Total Due: \$ \_\_\_\_\_ Amt. Paid: \$ \_\_\_\_\_

- Money Order # \_\_\_\_\_
- Invoice PO# \_\_\_\_\_
- Credit Card - must call office to run Credit Card for processing, or complete separate processing form

Code to: \_\_\_\_\_

	Staff	Date
WD1		
FOC		
WD2		

### Hold Harmless and Indemnity Agreement

*I understand that if I am accepted into the program, I am responsible for payment of designated fees. I understand that misrepresentation or omission of facts is cause for dismissal from the program. I understand that my employer will be provided copies of my attendance and grades. I understand that I am responsible for all medical expenses related to any injury. I release and hold harmless New Orleans/Bayou Chapter Associated Builders and Contractors, Inc. (ABC), its Educational Trust Fund, the Craft Training Registry for this verification process or for any injury.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Fees & Tuition -

Fees and tuition are subject to change. Check our website and/or current semester brochure for pricing information.

# Registration and Release Form



Please type or print legibly. Inaccuracies on this form may be reflected on credentials. This form must be completed to be entered into the NCCER Registry System. Records containing personal trainee information, including but not limited to score reports, training prescriptions, and transcripts, may not be distributed until this form has been completed.

\* Denotes required fields.

ATS/AAC Name\*: ABC New Orleans/Bayou Chapter

Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_  Home Number  Cell Number

Email Address\*: \_\_\_\_\_

Birth Date\*: \_\_\_\_\_ Birth City\*: \_\_\_\_\_

\* You must provide **ONE** of the following numbers to be entered into the NCCER Registry System. A unique Card Number will be generated once your Registration and Release Form has been entered into the system. **Pipeline users MUST provide their SSN.**

Social Security Number: \_\_\_\_\_

NCCER Card Number: \_\_\_\_\_

State DOE Student Number: \_\_\_\_\_ Which State? \_\_\_\_\_

Dept. of Corrections Student Number: \_\_\_\_\_ Which State? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Which State? \_\_\_\_\_

If you provide the **State DOE Student Number**, then please first contact your Sponsor Representative to ensure your state I.D. type has been added to the Registry System. NCCER must approve all new Alternate I.D. types. Please contact NCCER Customer Support if you have any questions.

Optional Information:

Company/School Name: \_\_\_\_\_

Company/School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize NCCER to verify information in my training and/or assessment records, which may include any of the personal information provided on this form. I agree to release and hold harmless NCCER for the disclosure of any such information in connection with this verification process. I confirm my understanding that any and all NCCER credentials and/or certifications I receive may be revoked by NCCER at any time, with or without notice, if it is determined that the organization through which I received them has violated the NCCER Accreditation Guidelines & Program Compliance standards or any other applicable policies and procedures promulgated by NCCER. I also understand and agree that NCCER shall have no legal, financial or other liability to me for the revocation of any certification or credential, and that financial liability for any funds paid to an organization for training, testing, assessment or other services associated with the issuance of such certifications or credentials shall rest solely with said organization.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if individual is under 18 years of age.)

**NOTE:** This form must be maintained on file per NCCER Accreditation Guidelines. Do not send to NCCER unless requested.