



Registration/Enrollment Form

First Name _____ Last Name _____

Address: _____ City: _____

State: _____ Zip: _____ Last 4 SSN: _____ DOB (MM/DD/YYYY): ____/____/____

Phone #: (____) _____ - _____ Gender: Male ____ Female ____ Today's Date: ____/____/20____

E-mail: _____ Class Start Date: ____/____/20____

Registered Course Time: Evening ____ Day ____ Weekend ____ Virtual ____ Fast Track ____

ER POC: _____ Relationship: _____ Phone #: (____) _____ - _____

Insurance Carrier Information (if any) _____

In case of an emergency, I authorize this company to contact ER medical staff on my behalf to obtain ER medical care.

Signature: _____ Date: ____/____/20____

STUDENT ACKNOWLEDGMENTS

_____ I understand that I must show up to class lucid, and mentally and physically rested and prepared. I understand that if the instructor feels I am not prepared I can be questioned, and if necessary, dismissed from that session with the instruction to be prepared for the next session. Students, who are under the influence of alcohol, illicit drugs, prescription drugs or any other mind or body-altering substances cannot participate in class and may be subjected to a drug &/or alcohol screening at my expense for re-entry into the program.

_____ I understand that disruptive behavior, vulgar language, or inappropriate attire will not be tolerated during class. If after a warning from an instructor or other MFI Staff member the offense continues, I may be asked to leave the class without the possible option to return (forfeiting all monies given. *Scrubs are the required attire.

_____ I understand the risks associated with drawing blood, contracting diseases and am aware that phlebotomy procedures in class will be performed on fellow students, volunteers, and staff. I also understand that any injury sustained to me or the person I am performing phlebotomy on is solely my responsibility and will not hold MFI liable, therefore, I am required to get professional liability insurance through MFI at my cost.