



TRADES ACADEMY

Building Skills For A Lifetime

506 Mariner Avenue, Barrigada, GU 96913

(671) 647-4842/3

PLEASE PRINT CLEARLY

Student name: _____
Last First MI

Mailing Address: _____
PO Box / House Number Street Name
City State Zip Code

Phone Numbers: _____
Home Work Cellular

Email Address: _____ @ _____ () Work () Personal () Other

Employer: _____ () I'M NOT EMPLOYED

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

What craft are you interested in training? () I'M NOT SURE

() carpentry () masonry () plumbing () painting () welding () heavy equipment operations

() electrical () heating ventilation air conditioning (HVAC) () safety () management

() other: _____

I certify that the statements I have made in this application are true and correct. I understand that any false information found to have been willfully given by me herein or in any supporting document shall be cause for rejection of my application or for my immediate dismissal. I further understand that I am personally responsible for all charges for tuition, books, or any other fees as a result of my enrollment in any GCA Trades Academy class.

Signature

Date

The GCA Trades Academy, Inc. is committed to the principle of equal opportunity in education and employment. The GCA Trades Academy does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, veteran status, ancestry, or national or ethnic origin in the administration of its educational policies, admissions policies, employment policies, scholarship and loan programs, and other programs and activities, except where sex or age is a bona fide occupational qualification. Discrimination based on disability in educational programs and activities and employment with the GCA Trades Academy is prohibited.

The GCA Trades Academy expects all of its students and employees to join together to ensure a climate of diversity where everyone values individual and group differences, respects the perspectives of others and communicates openly to attain the best education.

Waiver, Release of Liability, and Consent to Medical Attention

In exchange for my being allowed to participate in craft training programs (the "Program"), a program administered by the GCA Trades Academy (the "Trades Academy"), I, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular), agree to be bound by each of the following:

1. **Voluntary Participation.** I understand and confirm that my participation in the Program is voluntary.
2. **Identification of Risks.** I understand that my participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death.
3. **Assumption of Risk.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Program.
4. **Release and Waiver.** I release the Guam Contractors Association, the Trades Academy and its directors, officers, employees, agents, volunteers, successors, owners of the facilities & equipment used in the Program, and assigns from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my participation in the Program (a "Claim"), whether or not caused in whole or part by the negligence (but not the gross negligence) of the Trades Academy or any of the individuals mentioned above.
5. **Consent to Medical Treatment.** I authorize the Trades Academy to provide to me, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon the Trades Academy to provide such assistance, transportation, or services.
6. **Publicity Release.** I authorize the Trades Academy to use my name, photo, materials produced for the program or presentation in program for the Trades Academy materials including but not limited to, educational resources, press releases, web-based publicity and other publicity materials.
7. **Severability.** Each term and provision of the instrument shall be valid and enforced separately to the fullest extent permitted by law.
8. **Applicable Law.** This instrument shall be governed, construed, and enforced in accordance with the laws of Guam.

THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THIS WAIVER, RELEASE OF LIABILITY AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY AND CONSENT VOLUNTARILY.

Student Printed Name

Student Signature

Date

If the person participating in the Program is not yet 18 years old, both parents or the legal guardian(s) must sign:

In exchange for my/our child or ward being allowed to participate in the Program, and as the parent(s) or legal guardian(s) of the above named individual, I/we verify that I/we fully understand, agree to, and accept all provisions of this Waiver, Release of Liability and Consent.

Guardian:

Printed Name

Signature

Date

Guardian:

Printed Name

Signature

Date

Registration and Release Form



Instructions: Type or print legibly. Any inaccuracies on this form may be reflected on credentials. To be entered in NCCER's Registry, you must complete and sign this form. Records containing trainee/participant personal information, including but not limited to score reports, training prescriptions, and transcripts, cannot be distributed until this form has been completed.

* Required fields.

ATS/AAC Name*: ABC Guam Contractors Association

Name*: _____

Job Title: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ Home Number OR Cell Number

Email Address: _____

Birth Date*: _____ Birth City: _____

*To enter you into the NCCER National Registry, ONE of the following numbers needs to be provided. Once you are entered into the system, you will be given an NCCER Card Number to use in the future. (System Generated Numbers are no longer an option.) Pipeline users MUST use their Social Security Number.

Social Security Number: _____

NCCER Card Number: _____

State DOE Student Number: _____ Which State? _____

If you choose to use the State DOE Student number, this must first be added into the NCCER Registry System as an approved "Alternate I.D. Type." Please work with your sponsor representative to ensure your state I.D. Type has been added into the system.

Optional Information:

Company/School Name: GCA Trades Academy, Inc.

Company/School Address: 506 Mariner Avenue

City: Barrigada State: Guam Zip: 96913 Phone: 671-647-4842/3

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 release and hold harmless NCCER for the disclosure of any such information in connection with this verification process.

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.