

USFAA Artillery School

Course of Instruction Registration Form



Student Information (Please Print Clearly):

Name: _____
Address: _____
City, State Zip: _____
Phone Number: _____
Email Address: _____
Artillery Unit/Rank: _____

Course Date: _____

Course Attending (check one):

- _____ Basic Course of Instruction (School of the Piece)
Prerequisites: None.
- _____ Advanced Course of Instruction (School of the Battery)
Prerequisites: One Basic Course of Instruction
Please provide the date of the most recent Basic Course of Instruction you have attended:

- _____ Instructors Certification Course of Instruction (By Invitation Only)
Prerequisites: Three Basic Course of Instruction, and two Advanced Course of Instruction
Please provide the dates of the three Basic Course of Instruction you have attended:

Please provide the dates of the two Advanced Course of Instruction you have attended:

- _____ Special Course Course Title: _____

Please Read Carefully:

Muzzle Loading Artillery is *dangerous*. Even with the best safety programs, *accidents can occur*. *Students attend at their own risk*. By signing this Registration Form, *you are: acknowledging* that you are *aware* of the dangers involved with Muzzle Loading Artillery; *agreeing* to follow *all* instructions and procedures given by the Officers and Instructors; *and, agreeing* to *hold harmless* the Officers and Instructors of the United States Field Artillery Association Artillery School for *any* accidents that may occur before, during, and after any Artillery School Course of Instruction conducted by or based on the curriculum established by the United States Field Artillery Association. This form must be signed by a witness.

Signed: _____ Date: _____

Witnessed: _____ Date: _____