

Registration Form
Explorer-Cadet "Hands-On Training" Fire School
June 25 - 28, 2009

Step 1

REGISTRATION INFORMATION
(Please print clearly or type)

Driver's License No. _____

Sex: Male _____ Female _____ State of driver's license issue _____

Social Security No. - -

Emergency Contact Person: _____

Emergency Contact Phone Number _____

YOU MUST BE AGE 15 THROUGH 21 TO ATTEND AS A STUDENT

Birthdate ___ / ___ / ___

First Name _____ MI _____

Last Name _____

Home Address _____

City, _____, IL Zip _____

Home Phone _____ - _____ - _____ Work Ph: _____ - _____ - _____

Cell Phone _____ - _____ - _____ FAX: _____ - _____ - _____

E-mail address(es) _____ @ _____

_____ @ _____

Name of your local Illinois library _____

Dept./Organization _____

Dept. Address _____

City, State, Zip _____

Dept. Phone _____ - _____ - _____ FAX: _____ - _____ - _____

Dept. e-mail address _____ @ _____

How did you hear about Explorer-Cadet Fire School?

- Brochure IFSI Web Site Other _____
 This is my *FIRST* time at the Explorer-Cadet Fire School

Step 2

To receive a certificate, you must attend ALL of the class. Please check your student status and what optional evening class you will be attending.

FIRST TIMERS:

- Core Competencies
Coordinated Fire Ground Operations

SCHOOL VETERANS:

- Coordinated Fire Ground Operations
Basic Company Officer

OPTIONAL EVENING CLASSES:

- ____ Leadership
OR
____ Auto Extrication

FOR OFFICE USE ONLY

Date Rec'd ___/___/___ Paid? Yes No
Cancellation ___ Date Rec'd ___/___/___
Substitution ___ Date Rec'd ___/___/___
(considered on case by case basis)
Name _____

Step 3

Check all that apply:

T-shirt size S M L XL 2XL 3XL

- Explorer Advisor
 Cadet Leader
 Junior FF Chaperone
 Venturer Firefighter
 CERT

Will you require storage on site?

Yes No Size of Unit _____

Step 4

Registration Fees

includes shirt & souvenir

Register by:

May 21	\$ 350.00
May 22- June 12	\$ 400.00

Staying on-campus is recommended.

Campus housing is at a University Residence Hall and includes hot breakfast, lunch & snacks.
Off-campus housing only includes on-site lunch & snacks.

OFF-CAMPUS HOUSING ARRANGEMENTS AND PAYMENT ARE THE RESPONSIBILITY OF PARTICIPANT.

Step 5 - PAYMENT OPTIONS

- By check for group/department payable to: (one check per Organization)
Illinois Fire Service Institute
11 Gerty Drive, Champaign, IL 61820-7404
 By invoice to department (address shown under Step 1)
 By credit card: call 217-333-3800 or enter card number on-line via student resource center.

NO REGISTRATIONS AFTER JUNE 12, 2009
NO REFUNDS AFTER MAY 22, 2009

IMPORTANT

Read conditions on reverse side of form and obtain all required signatures.

Student's name _____

**University of Illinois - Fire Service Institute
Fire Training - Acknowledgement of Conditions**

The Board of Trustees of the University of Illinois, through its Illinois Fire Service Institute, attempts to conduct its training programs in the safest and most efficient manner possible. However, it is not possible to eliminate all of the potential hazards to a student's safety. Before any student participates in an Institute training program involving the teaching of emergency response skills, he/she should be familiar with the level of physical stress and other hazards involved. Please read the following explanations of the physical and mental requirements of this course and sign the form to acknowledge that you have read and understood the information. Students who cannot comply with these requirements will not be allowed to participate in parts of the training involving physical exertion, or the use of protective equipment, so as to provide for their personal well being and safety of other students and instructors. They may attend lectures and observe evolutions from a safe distance.

We (Advisor or Chief/Parent or Guardian if participant is under 18/Participant) acknowledge:

1. Practical skills training of all disciplines can be a physically and mentally stressful activity, requiring physical exertion; exposure to high temperature and humidity levels; toxic atmospheres; working at heights and in confined spaces; the possibility of elevated body temperatures, increased pulse, respiration, and blood pressures; and the ability to react quickly to emergency situations.
2. Persons with known heart or lung disease, hypertension, who are pregnant (Note: spontaneous abortion will occur with pregnant females when core temperature elevates), or have other medical or mental conditions which may affect their health and safety under these conditions, are advised to check with their personal, or fire department, physician before participating in the activity. The ability to meet the Illinois Department of Labor Respirator Wearers physical evaluation is the responsibility of the sponsoring department/agency and is a requirement for any course requiring the use of a self-contained breathing apparatus.
3. Protective clothing and self-contained breathing apparatus meeting the appropriate NFPA standards, at the time of manufacture, must be worn during most practical exercises and live fire training as directed by the instructor in charge. Protective equipment must be in serviceable condition.
4. Individuals with facial hair, jewelry, or other impediment to the proper seal of the face-piece on self-contained breathing apparatus will not be allowed to participate in evolutions where the atmosphere is toxic or may become so.
5. The use of alcohol, and other drugs, which affect mental or physical reactions, immediately preceding, or during training, is prohibited.
6. I am 15 years of age, or older, and an active member of an Explorer-Cadet program OR I am 21 years old and a member of a public or private fire department or private fire brigade.
7. For purposes of promoting the IFSI, I agree to allow IFSI unlimited use of my image, with no compensation.
8. By the Fire Chief's signature, the department acknowledges extension of its Worker's Compensation coverage to the adult members of the fire department. In the event of injury during training, the participant is responsible for notifying his or her department to initiate the process. IFSI does not provide insurance coverage for participants. Any and all injuries, no matter how minor, will be reported to the IFSI staff who will have the final say in selecting the treatment disposition for the student. This may range from on-site treatment to ambulance transportation to a local emergency department or occupational medicine agency. If a student or department does not accept these terms, or refuses to comply with IFSI's treatment decision and disposition, the student will be dropped from the remainder of the class (or program) and will not be eligible for any refund.

Fire Chief's Signature: _____
(required for students and adult leaders)

Advisor's or Cadet Leader's Signature _____

(By signing, I am verifying medical insurance coverage and accept responsibility for all related medical charges)

Participant's Signature: _____

Parent's or Guardian's Signature (if participant is under 18) _____

Date: _____

Note: Use of Student Social Security numbers: Furnishing a Social Security number (SSN) is voluntary and not required for enrollment. However, the University of Illinois is required by federal law to report to the Internal Revenue Service (IRS) the name, address and SSN for persons from whom class fees and related expenses are received. Federal law also requires the University to obtain and report to the IRS the SSN for any person to whom compensation is paid. Failure to provide such information may delay or even prevent your enrollment. The University will not disclose a SSN for any purpose not required by law without the consent of the student.