

STEP 1: Registration Information

First Name: _____ MI: _____ Last Name: _____

Driver's License Number: _____ State of Issue: _____

Date of Birth: _____ Veteran? Yes No

Mailing Address: _____ City, State, Zip: _____

Home/Eve Phone: _____ Cell Phone: _____

Male: Female: Student Email Address: _____

Name of Emergency Contact: _____ Emergency Contact Phone: _____

SUBMIT BOTH SIDES OF THIS FORM TO IFSI BY MAIL OR FAX

ILLINOIS FIRE SERVICE INSTITUTE
11 GERTY DRIVE | CHAMPAIGN, IL 61820
FAX: 217.244.6790

OR REGISTER ONLINE AT FSI.ILLINOIS.EDU

Last day to cancel registration: September 4, 2020.

STEP 2: Registration is first-come, first-served. Please select a course.

CERTIFICATION COURSE | 16 HOURS | FRIDAY, 1PM-5PM & SATURDAY, 8AM-5PM & SUNDAY, 8AM-12PM

Tactical Emergency Casualty Care / Rescue Task Force Training

FRIDAY EVENING ACTIVITY – 7PM *Limited to 30 students

Myths and Realities: Fog Nozzle vs. Smooth Bore Nozzle

HANDS-ON COURSES | 12 HOURS | FRIDAY, 1PM-5PM & SATURDAY, 8AM-5PM

Foundations of Firefighting – 12 hours

Essential Skills for Firefighting – 12 hours

Engine Company Operations – 12 hours

Agriculture Rescue Techniques – 12 hours

TIC for Search & RIT Operations – 12 hours

ONLY CHOOSE ONE

CONFERENCE REGISTRATION FEES:

Before 9/1/2020:
IFA Member – \$50 | Non-Member – \$75
*payment must be received by 5pm on 9/1/20 to receive the advance rate.

After 9/1/2020:
IFA Member – \$100 | Non-Member – \$125

REGISTRATION IS COORDINATED THROUGH THE ILLINOIS FIRE SERVICE INSTITUTE.

THE ILLINOIS FIREFIGHTER’S ASSOCIATION WILL PROCESS REGISTRATION PAYMENTS.

PAYMENTS CAN BE MADE:

- Online: illinoisfirefighters.org/conference_payment
- By phone: Kerry Federer, 618.830.3961
- By mail: Illinois Firefighter’s Association
Attn: Kerry Federer
PO Box 77 | Glen Carbon, IL 62034



ACKNOWLEDGEMENT OF RISKS AND RELEASE OF RESPONSIBILITY

The Board of Trustees of the University of Illinois, through its Illinois Fire Service Institute, attempts to conduct its training programs in a safe and efficient manner. 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 understand 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. They may attend lectures and observe evolutions from a safe distance.

I 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. Elevated body temperatures, increased pulse, respiration, and blood pressure are also possible.
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 drugs, which affect mental or physical reactions, immediately preceding, or during training, is prohibited.
6. **I am 18 years of age, or older**, and an active member of a public or private fire department, public sector agency or authorized private corporation pre-approved by the Illinois Fire Service Institute (IFSI).
7. For purposes of promoting the IFSI, I agree to allow IFSI unlimited use of my image, with no compensation.
8. IFSI will not sell nor distribute your email to any outside agency, except to Parkland College (see #11 below). IFSI will, from time to time, provide you with organization updates, newsletters, surveys and the like. Providing your email address will serve as your approval for these periodic distributions.
9. **In order for the students, or their agency, to avoid being billed for the usual course fees, notifications of withdrawal must be made no later than September 4, 2020. This notification must be in writing. Failure to notify the Institute, as noted above, will result in you or your department being billed. Invoices are due and payable within thirty (30) days of receipt.**
10. No unauthorized cameras are allowed at IFSI training or IFSI sponsored training events. The unauthorized use of cameras may lead to confiscation of the camera.
- 11a. **By my signature below, I acknowledge that if I do not have a Department signature in #11b. below, I will only be allowed to participate in Cornerstone, NIMS or LP classroom activities. By my signature below I also attest that I am on the department indicated and that I am authorized by an officer of said department to attend this class and that I am covered by my department's Worker's Compensation coverage for this class.**

Participant's Signature: _____
Department _____ Printed Name/Date _____

- 11b. By my signature below, I certify that the individual participating (see student signature/name above) is an active member of a fire department and is in good standing with that department. And as such, is covered by that department's Worker's Compensation coverage for this training. In the event of injury during training, the student is responsible for notifying his or her department to initiate the process. IFSI does not provide insurance coverage for students. Any and all injuries, no matter how minor, will be reported to the IFSI staff. IFSI staff 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.

Chief or Training Officer's Signature: _____
Department _____ Printed Name/Date _____