



STEP 1: Enrollment Information (please print clearly or type)

First Name: _____ MI: _____ Last Name: _____

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

Mailing Address: _____ City, State, Zip: _____

Date of Birth: _____ Cell Phone: _____ Work Phone: _____

Male: Female: SID # (FEMA Student ID): _____

Email: _____

Department/Organization: _____ Department Email: _____

Department Address: _____ Department City, State, Zip: _____

Department Phone: _____

Years of Service: _____ Rank/Title: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Ethnicity: American Indian
 Asian
 Black
 Hispanic
 Native Hawaiian/Other Pacific Islander
 No Answer
 Other
 White

Education Level: *Please check highest level earned.*
 Less than High School
 High School
 Some College
 Associate's Degree
 Bachelor's Degree
 Master's Degree
 Doctorate (Ph. D., Ed. D.)

Veteran: *Please check yes or no*
 Yes
 No

STEP 2: Course Selection

Instructions for course enrollment are listed on the IFSI website.

FSI.ILLINOIS.EDU

Please read all information carefully. Complete all required information and return to:

ILLINOIS FIRE SERVICE INSTITUTE
 11 GERTY DRIVE, CHAMPAIGN, IL 61820
 PHONE: 217.333.3800 OR 800.437.5819 | FAX: 217.244.6790

NOTE: Important information is on the reverse of this form.
 Chief and student, please read and sign the agreement on page 2. →

Name of Course: _____

Location of Course: _____

Date(s) of Course: _____

Are you requesting a special accommodation during your attendance in this course? Yes

Are you requesting to bring a service/support/working animal to this course? Yes

The request form can be found at FSI.ILLINOIS.EDU under policies, or contact the Accommodations Coordinator at 217.333.9505. For a detailed explanation of the possible physical and/or mental requirements of this course, see reverse.

STEP 3: Fees and Method of Payment

If you do not check one of the options below, the Department will be billed.

Enrollment Fee:
 Bill Department
 Bill Student

Method of Payment:
 Payment Enclosed
 Official Purchase Order or Letter of Authorization Enclosed

Department FEIN: _____

FOR OFFICE USE ONLY:

FP#: _____ Date Received: _____ Check #: _____ PO#: _____

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 30 calendar days prior to the start of the course. This notification must be in writing. Failure to notify the Institute, as noted above, will result in you or your department being billed, regardless.
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.
11. I acknowledge that if I do not have a department signature below, I will only be allowed to participate in Cornerstone, NIMS, ASIM and SSAVEIM, or LP classroom activities. For all other courses, my signature below attests that I am on the department indicated. Therefore, I am authorized by an officer of said department to attend this course and am covered by my department's Worker's Compensation coverage for this course.

Release and Waiver of Claims: In consideration for this opportunity to participate in Illinois Fire Institute Training, I hereby release, discharge, and hold harmless the Board of Trustees of the University of Illinois and its officers, employees, agents and volunteers (collectively "University") from all liability, and waive all claims, actions, demands, losses, damages, liabilities, and expenses (including attorney fees), for personal injury and bodily injury (including death) and for property loss and damage arising out of my participation in the Activity. If I am injured or become ill while participating in the training, I understand and agree that I will not seek reimbursement from the university.

Participant's Signature _____ **Printed Name/Date** _____

Department Approval: 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 course (or program) and will not be eligible for any refund.

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