

REGISTRATION INFORMATION (Please type or print clearly)

REGISTRATION FORM

Return all registration forms to the address listed below:

First Name: _____

Last Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Work Phone Number: _____

Male Female Date of Birth: _____

Driver's License Number: _____

State: _____

Department: _____

Chief's Name: _____

Department Address: _____

City, State, Zip Code: _____

Department Phone Number: _____

Department E-Mail Address: _____

Years of Service: _____ Title / Rank: _____

In case of an emergency, notify: _____

Emergency Contact Phone Number: _____

Southern Illinois Regional Fire Academy

Attn: Joe Hale, Director

3232 South Park Avenue

Herrin, IL 62948

Phone: (618) 618-922-1156

Don Swiatkowski (Acting), SIRFA Secretary

618-997-4802

Fax: (618) 993-5878

E-Mail: halesauto@hotmail.com

Please read page 2 of this form for important information for all Chiefs and Students.

Course Registration Information

Name of Course: Firefighter II MODULE "B"

Course Location: Station 1 Marion IL

Course Dates: Class Dates: Dec. 7, 2010

Course Fees and Payment Method

Registration Fee is to be: \$45.00

Payment is enclosed

Method of Payment:

Cash

Check / Money Order

Class Code: 10FF2BWCFPD

Ethnic Group

Education Level

- American Indian Did not Graduate High School
 African American High School Graduate
 Caucasian Some College
 Hispanic Associate's Degree
 Asian Bachelor's Degree
 Other Master's Degree
 Doctorate (Ph.D., Ed)

** Social Security Number (SSN) submission is optional. However, the Southern Illinois Regional Fire Academy is required by Federal Law to report all persons from whom course fees and all related expenses are received to the Internal Revenue Service (IRS). If compensation is paid to any person, Federal Law also requires the Academy to report all obtained SSN to the IRS. Failure to provide such information may delay or prevent student enrollment. The Southern Illinois Regional Fire Academy will not disclose any Social Security Number not required by Law without written consent of the Student.

FOR OFFICE USE ONLY

Student Letter Sent: _____ Cancellation Date: _____ FP#: _____
Date Received: _____ Check #: _____ Purchase Order #: _____

SOUTHERN ILLINOIS REGIONAL FIRE ACADEMY | 2

REGISTRATION FORM

Southern Illinois Regional Fire Academy Terms and Conditions Acknowledgment

The Board of Directors of the Southern Illinois Regional Fire Academy strives to conduct its training programs in the safest and most efficient manner possible. However, it is not possible to completely eliminate all of the potential hazards to a student's safety. Before any student can participate in any Academy training program which involved the teaching of fire fighting 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 acknowledgement that you have read and fully understand the information. Students who are unable to 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 your personal well being and safety and that of other students and instructors. Students with certain limitations may have the opportunity to attend lectures and observe simulations from a safe distance.

I acknowledge the following:

1. Fire fighting training 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 pressure; and the ability to react quickly to emergency situations.
2. Persons with known heart or lung disease, hypertension, who are pregnant, 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 any activity. Please note that with any pregnant female the possibility of spontaneous abortion will occur when core temperatures are elevated. Evidence of the ability to meet the Illinois Department of Labor Respirator Wearers physical evaluation may be required.
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 simulations 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 strictly prohibited.
6. I am 18 years of age, or older, and am an active member of a public fire department or private fire brigade.
7. For purposes of promoting the Southern Illinois Regional Fire Academy (SIRFA), I agree to allow SIRFA unlimited use of my image, with no compensation.
8. By the signature of the Fire Chief, the department acknowledges extension of its Worker's Compensations coverage to the student. In the event of injury during training, the student is responsible for notifying his or her department to initiate the claim process. SIRFA does not provide insurance coverage for students. Any and all injuries, no matter how minor, will be reported to the SIRFA staff; and they will have the final say in selecting the emergency department or occupational medicine agency. If a student or department does not accept these terms, or refuses to comply with SIRFA's treatment decision and disposition, the student will be dropped from the remainder of the course and will not be eligible for any refund.

Fire Chief Printed Name: _____

Participant's Printed Name: _____

Fire Chief Signature: _____

Participant's Signature: _____

Date: _____

Date: _____