

ILLINOIS FIRE SERVICE INSTITUTE

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
11 GERTY DRIVE
CHAMPAIGN, IL 61820

PH: 217.333.3800
FAX: 217.244.6790

EXPLORER-CADET FIELD TRAINING ENROLLMENT FORM

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

YOU MUST BE AGE 15 THROUGH 20 TO ATTEND AS A STUDENT.

Please check if you will be 18 years or older by the start date of the class.

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: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

STEP 2: Registration Fees

Name of Course: _____

Location of Course: _____

Date(s) of Course: _____

Payment Method:

Covered by Grant Invoice the Department

Check from Department Credit Card

MAIL OR FAX REGISTRATION FORM TO:

ILLINOIS FIRE SERVICE INSTITUTE
11 GERTY DRIVE, CHAMPAIGN, IL 61820

FAX: 217.244.6790

STEP 3: Indicate Your Position *(check one)*

Explorer

Cadet

Chaperone/Supervisor

Advisor

FOR OFFICE USE ONLY:

FP#: _____

Date Received: _____ Paid? Yes No

Cancellation Date Rec'd _____

Substitution Date Rec'd _____

Substitution Name _____
(considered on a case by case basis)

Student's name _____

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; the possibility of elevated body temperatures, increased pulse, respiration, and blood pressures; and the ability to react quickly to emergency situations. Participant acknowledges that risks include the possibility of physical injury, disability, or death and risk of loss of use or damage to personal property. Participant assumes all risks incurred by participating in the Program. **In consideration of being allowed to participate in the Program, participant releases the University of Illinois, its Board of Trustees, officers, agents and employees from any and all claims arising out of or in any way connected with participation in the Program, including but not limited to the risks as outlined above.**

2. Persons with known heart or lung disease, hypertension, who are pregnant (Note: spontaneous abortion may 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. The participant represents that he/she is 15 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). The department's Chief/Training Officer hereby represents and warrants that its Worker's Compensation coverage is applicable to the participant and will remain so through the training. 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. IFSI reserves the right to prohibit continued participation by any individual which it believes would present a risk to self or others.

4. 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.

5. 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.

6. The use of alcohol, and other drugs, which affect mental or physical reactions, immediately preceding, or during training, is prohibited.

7. IFSI will not sell nor distribute your email to any outside agency. 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.

8. 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.

9. Participant grants to IFSI the unlimited right to the use of his image, with no compensation. No unauthorized cameras are allowed at IFSI training or IFSI sponsored training events. The unauthorized use of cameras will lead to immediate removal from the program.

Chief/Training Officer Signature _____ Printed Name _____
(required for students and adult leaders) *Date*

Participant's Signature _____ Printed Name _____
Date

By signing, I am verifying medical coverage and accept responsibility for all related medical charges.

Advisor or Cadet Leader's Signature _____
Date

Parent or Guardian's Signature _____
(required for participants under the age of 18) *Date*