Basic Rope Rescue Registration Packet

CHECK OFF LIST

Name: _____Department: _____

Phone # (Day) _____ (Night): _____

These items must be completed and returned <u>with your application</u>. Incomplete applications will not be processed.

- ☐ **OCC Registration Sheet** **(Attached)**
- ☐ **Copy of current O.S.H.A. compliant Physical Examination**
  (if department does not have on file, you may use the attached OSHA Fitness Statement)
- ☐ **O.C.C. General Release**
- ☐ **Fire Chief's Authorization for Training**
- ☐ **Waiver of Liability**
- ☐ **Tuition - $150**

<u>Course Requirements</u>: Course participation requirements are as follows:

1. ***Age*** - minimum eighteen (18) years of age upon the date the course starts.
2. ***NFPA #1582 medical requirements OSHA compliant*** – Fire Department physical or use the attached physical form.
3. ***Tuition*** - $150 due with registration form (Checks Payable to Onondaga Community College)

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√	Course Number	Course Name & Date	Credits/Hours
	FIR.ce-074	Basic Rope Rescue Course 10/24/13-10/27/13	0

Please Print Clearly

Legal Last Name: _____ **Legal First Name:** _____ **MI:** _____

Address: _____
Street City Zip

County of Residence: _____ **Gender:** _____M _____F

New York Resident: _____ Yes _____No **United States Citizen:** _____ Yes _____No

Home Phone: _____ **Cell/Work Phone:** _____

Agency: _____

SSN#_____ **OCC ID#**_____ **Date of Birth:** _____
(Required) *(If known)* *(Required)*

Have your ever been registered at Onondaga Community College before? _____Yes _____No

If yes, name previously registered under: _____

Ethnic Group: ***(Circle one – optional)***

African American **Euro-Ethnic/White** **North American Indian/AK**
Asian/Pacific Island **Latino/Puerto Rican** **Other:** _____

E-mail: _____

ALL STUDENTS: Please read and sign the following statements:

By registering for classes at Onondaga Community College, I acknowledge and agree that I am at least 18 years of age or the parent/legal guardian of a student under the age of 18. I am financially responsible for all charges related to my registration.

I understand that if I decide not to attend the courses, which I am registering for, that it is my responsibility to drop the course(s) at least 3 days prior to the start date to avoid any financial liability. For OCC's complete Financial Responsibility Agreement go to sunyocc.edu and in the Community Ed section visit the Payment Info link in the right hand column.

I understand that I will be registered when Onondaga Community College receives my registration form and that I will not receive a registration confirmation.

I understand that I will not receive a certificate of completion until OCC receives my payment for this class.

Signature of Student: _____ **Date:** _____

OCC Public Safety Training Center, Mulroy Hall R125 – 4926 Onondaga Road, Syracuse, NY 13215
Phone No: 315-498-6046/FAX: 315-492-1521

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GENERAL RELEASE

TO WHOM IT MAY CONCERN, know that the undersigned in consideration of permitting me to participate in the **BASIC ROPE RESCUE COURSE** held Onondaga Community College has remised, released and forever discharged, and by these present do for myself and for my heirs, distributees, executors and administrators, remise, release and forever discharge the Onondaga Community College and the County of Onondaga, their respective agents, servants and employees, of and from all, and all manner of action and actions, cause and causes of action, suits, claims, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which against the Onondaga Community College and the County of Onondaga, their respective agents, servants and employees, I ever had, now have, or which myself, my heirs, distributees, executors or administrators, hereafter can, shall, or may have for, upon or by reason of my participation in the above mentioned program of Onondaga Community College and my future participation in said program hereafter.

I willingly and voluntarily assume all risks involved in my participation in the **BASIC ROPE RESCUE COURSE** and in my use of the facilities and equipment related there and this General Release is expressly executed and delivered by me to the Onondaga Community College and the County of Onondaga for the express purpose of enabling me to participate in said program.

I further acknowledge and convenant to Onondaga Community College and the County of Onondaga that I have disclosed all medical conditions, illnesses and problems pertaining to my health which might have a bearing upon my ability to participate in said program, and I affirmatively promise to keep Onondaga Community College and the County of Onondaga informed in writing of any change in my physical or mental condition hereafter.

Program: _____

Year: _____

Print Name: _____

Signature: _____

Date: _____

PUBLIC SAFETY TRAINING CENTER
315-498-6046

ONONDAGA
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Waiver of Liability

I, the undersigned, do hereby recognize and assume any and all risks associated with my participation in the Onondaga Community College Public Safety Training Center National certification N.F.P.A. Training Program. This includes but is not limited to my participation in classroom training, practical training, physical training and/or testing in physical agility and related areas where vigorous physical exercise is required.

I have read and fully understand this waiver and by signing this WAIVER OF LIABILITY I do hereby release any and all sponsoring of participating organizations and municipalities from any responsibility in connection with my participation in this training:

Additionally, all instructors, officers, boards of directors, or other agents of those organization and municipalities are also released from responsibility.

I also wish to state that I am in good physical health, and any currently a member in good standing of a volunteer fire department, and I have passed an OSHA - compliant medical exam as an interior structural firefighter.

IN WITNESS THEREOF the undersigned has affixed his signature below this

_____ day of _____

_____
Print Participant's Name

_____
Participant's Signature

_____
Witnessed by:

ONONDAGA
COMMUNITY COLLEGE

AUTHORIZATION FOR TRAINING

I, _____of the _____
(Fire Chief) (Fire Department)

attests to _____ being a
(Student)

current active member of ***THIS*** fire department with volunteer firefighter benefit

law coverage and authorize him/her to participate in the **BASIC ROPE RESCUE COURSE** being conducted at the Public Safety Training Center at Onondaga Community College.

Chief's Signature: _____

Date: _____

I hereby certify that all information contained in this application is true and accurate.

Applicant's Signature: _____

Date: _____

OSHA Fitness Statement

Name _____ Today's Date_____

Department _____ Date of Birth _____

The annual evaluation of this person finds that he/she is physically acceptable to perform the following:

****Physician – Please initial which function student is fit to perform**

	Class 1 Firefighter - Interior Firefighter with NO RESTRICTIONS
	Class 2 Firefighter – Exterior Firefighter may use SCBA for egress from toxic atmosphere.
	Class 3 Firefighter – Exterior Firefighter – no SCBA use – including Fire Police.
	May participate at meetings/fund raising/clerical activities.
	EMS Response – no restrictions.
	Other Restrictions:

OSHA Safety and Health Standards require that firefighters are physically capable of performing duties which may be assigned to them during emergencies. Additional certification may be required by a specialist or the firefighter's own physician. This will need to be on the physicians' letterhead and state that they firefighter can perform the expected duties and that those duties will not exacerbate their medical condition.

This examination was performed on, and is valid for one year from, the date below.

Examination Date:_____

Physician Signature_____ Date_____

PLEASE PRINT or STAMP

Physician: _____

Address: _____

_____

Telephone: _____

PUBLIC SAFETY TRAINING CENTER
315-498-6046