



# HANDS-ON TRAINING AT THE 145TH FASNY CONVENTION

## Modern House Fires: Critical Skills for the Engine Company

**FASNY Convention Friday, August 11, 2017**

**Belgium Cold Springs Fire Training Center • 7:30 a.m. – 5:00 p.m.**

**Deadline is August 1, 2017. Pre-registration is REQUIRED — Space is limited.**

**PPE:** Turnout gear, helmet with eye protection, firefighting gloves, hood, footwear and an SCBA with spare cylinder are required to participate.  
There will be no PPE available at the site.

**Each participant MUST complete this form in its entirety before submission to the FASNY office.**  
**Please Note: Firefighters must be at least 18 years old to participate.**

To the Firemen's Association of the State of New York:

The firefighter listed below is an active member of \_\_\_\_\_ Fire Department and is authorized to attend the course indicated. I understand this training course contains certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Firemen's Association of the State of New York is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

### Fire Chief Authorization

Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

### Please Check YES or NO

The firefighter is physically and medically able to perform rescue/extrication operations.  YES  NO

The firefighter listed below will be equipped with proper PPE in accordance with 29 C.F.R. part 1910.132.  YES  NO

*PPE: Turnout gear, helmet with eye protection, firefighting gloves, hood, footwear and an SCBA with spare cylinder are required to participate.*

The firefighter has successfully completed Firefighter 1.  YES  NO

Print Chief's Name: \_\_\_\_\_ Chief's Signature: \_\_\_\_\_

### Please Select Your T-shirt Size

Small  Medium  Large  XLarge  XXLarge  XXXLarge

### Student Information (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ FASNY Member Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, have read, fully understand and agree with the above information.

PRINT NAME OF FIREFIGHTER

I understand and acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or others, the instructor has the authority to remove me from the simulation or course.

SIGNATURE OF FIREFIGHTER \_\_\_\_\_

DATE \_\_\_\_\_

**Cancellation/Refund Policy: Must be received in writing by August 1, 2017. No-shows are non-refundable.**

**Pre-registration deadline is August 1, 2017. \$65/FASNY members – \$75/non-FASNY members**

Mail this form with payment (vouchers and purchase orders accepted) to:

FASNY Office  
107 Washington Avenue  
Albany, NY 12210-2269

