



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

	YES	NO
The firefighter is physically and medically able to perform rescue/extrication operations.	<input type="checkbox"/>	<input type="checkbox"/>
The firefighter listed below will be equipped with proper PPE in accordance with 29 C.F.R. part 1910.132. <i>PPE: Turnout gear, helmet with eye protection, firefighting gloves, hood, footwear and an SCBA with spare cylinder is required to participate.</i>	<input type="checkbox"/>	<input type="checkbox"/>
The firefighter has successfully completed Firefighter 1.	<input type="checkbox"/>	<input type="checkbox"/>

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

