



CAL FIRE / SLO COUNTY FIRE DEPARTMENT TRAINING ANNOUNCEMENT

Class Title: SURF RESCUE OPERATIONS

Date: October 23-27, 2017

Time: 0800 to 1700 All Days

Description: **Must be Agency / Department sponsored.** Surf Rescue Operations is a 40-hour introductory course designed to provide the student with the confidence and skills necessary to work in a surf and ocean environment. Basic skills involving equipment, resources, and procedures will be taught to effectively perform a basic surf rescue. Meets NFPA 1670 and 1006. **Student must complete the Surf Rescue Operations Skill Sheet with 100% accuracy and a written test with 80% accuracy**

Certificate: **CAL FIRE** certificate

Prerequisite: Prior to taking the class students must pass a **swim of 500 meters within 12 minutes**. The swim will begin at 0800 on October 23 at the base of Avila Pier: 444 Front Street, Avila Beach, CA ~ *ABP map*
Classroom portion will begin by 0900-1300 in the Coastal Gate Way Center at Port San Luis: 3950 Avila Beach Dr, San Luis Obispo, CA 93405 ~ *CGWC map*

Instructor: FC Seth Neuschwander and Cadre

Coordinator: Training FC April Mangels

Location: Coastal Gate Way Center, Port San Luis ~ *CGWC map*

Fee: **\$320⁰⁰ Cashier's Check** or Money Order **Only, payable to SLO County Fire**. Attach to registration and mail to South Bay Training Center (SBTC), Must be submitted with Registration. Course enrollment and Fee Exemption for Permanent and LT CAL FIRE SLU Personnel, PCF and Reserves **with Station Captain signature** / approval on registration. Registration is on first-come, first serve basis

What to wear: Button up uniform shirt or equivalent to duty uniform or casual business attire

What to bring: Wetsuit, booties, towel, sunscreen, water, snacks, #2 pencil and notebook

Questions: Capt. Mangels cell: 805.903.3438, email: April.Mangels@fire.ca.gov;
Registration questions email SLU.training@fire.ca.gov or Mary.Meraz@fire.ca.gov

Registration due by: October 16, 2017

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Last Name, First:	
<input type="checkbox"/> SLU CALFIRE: STN #: check one: <input type="checkbox"/> PCF <input type="checkbox"/> FFI <input type="checkbox"/> FFII <input type="checkbox"/> FAE <input type="checkbox"/> FC <input type="checkbox"/> Res. <input type="checkbox"/> LG <input type="checkbox"/> Oth. CALFIRE Unit:	
Other Agency working for:	Other Title:
Mailing Address:	
City, State:	Zip:
Work Phone #:	Cell #:
*E-mail (legibly, please):	
*Emergency Contact Name:	*Contact #:

Release and Hold Harmless Agreement: I am not aware of any physical disability or health related reasons which would preclude me from participating in training activities with San Luis Obispo County Fire Department. I understand that participation in this program can include activities which may expose me to certain risks of injury. In consideration of this consent to participate in these programs and activities, I hereby agree, on behalf of myself and my assigns and heirs, to release, defend and hold harmless, the County of San Luis Obispo, the Fire Department and their employees, agents and/or representatives ("Releasees") from any and all direct, indirect, special or consequential actions, claims, damages, costs, and liability, legal or otherwise, arising or resulting from my participation. Including without limitation, damage to or destruction of any property or injury or death to any person. This release shall be binding upon my heirs, administrators, executors, and assigns. In signing this release, I acknowledge and represent that I have read the foregoing Release/Agreement, fully understand it and its content and sign it voluntarily and that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made. I am aware that this is a release of liability and a contract between myself and the releasees and sign it of my own free will. I am fully competent and I execute the Release Agreement for full, adequate and completed consideration fully intending to be bound by the same.

*Signature of Participant

*Print Name of Participant

*Date

Station Captain authorizing registration / Fee Exemption Approval: (All Agencies)

Last Name, First Name: *(print)* _____

*Signature: _____

Date: _____

Non-Negotiable ♦ Cancellations require 10-day notice ♦ Less than 10-days or no-shows will forfeit all fees
 It is the student's responsibility to confirm enrollment ♦ Registration is on first-come-first served basis

PLEASE NOTE - NO EXCEPTIONS -

Registration packet will Not be accepted if:

1. Registration is not completely & accurately filled out, or, if not Authorized, if applicable.
2. Cashier's check or Money order for correct amount is not included
3. All Pre-requisites copies are not included, if applicable

Please mail #1 authorized/**complete registration** and #2 **Cashier's Check** to SBTC: CAL FIRE, Training Dept.
 Attn: Registration / SRO
 880 Manzanita Drive
 Los Osos, CA 93402

*Required