

PARTICIPANT REGISTRATION FORM

(Please Print very neatly or type)

Candidate Information : Name as you want it to appear on certificate.

First Name: _____

Last Name: _____

Address: _____

City: _____

Postal Code: _____

Phone #: _____

Email: _____

Organization: _____

SARSAV Chapter: _____

Course Information: SARSAV CSA Searcher 40 hour course - Attendance, participation for all 6 days and passing mark is required to be issued a certificate.

Dates: May 5th 2023 17:00 to 21:00

May 6th and May 7th - Full days starting at 0900

May 26th 2023 17:00 to 21:00

May 29th and May 30th - Full days starting at 0900

Course:

<input type="checkbox"/> Searcher	<input type="checkbox"/> Cultural Awareness
<input type="checkbox"/> Team Leader	<input type="checkbox"/> Cultural Awareness - Instructor
<input type="checkbox"/> Team Leader – Instructor	<input type="checkbox"/> ICS 100
<input type="checkbox"/> SMIRIC – Initial Response	<input type="checkbox"/> ICS 200
Incident Commander	<input type="checkbox"/> ICS 300
<input type="checkbox"/> Search Manager Managing	<input type="checkbox"/> ICS 400
Search Operations	<input type="checkbox"/> AdventureSmart Presenter
<input type="checkbox"/> Navigation	<input type="checkbox"/> AdventureSmart Presenter
<input type="checkbox"/> Navigation – Instructor	Instructor
<input type="checkbox"/> Near Water Awareness	<input type="checkbox"/> DART
<input type="checkbox"/> CISM – Critical Incident Stress	<input type="checkbox"/> DART Instructor
Mgmt.	<input type="checkbox"/> Other:
<input type="checkbox"/> Comms	<input type="checkbox"/> _____
<input type="checkbox"/> Comms – Instructor	

Location: Waskesiu Lake, SK

Course Fee: There is no charge for SARSAV members - SAR Partners contact Training Director about any course fee.

___Enclosed ___EFT ___On arrival ___No Fee Paid by: _____

Prerequisites: Met? ___Yes ___No ___Registered on Volunteer Rescue?

If prerequisites are not met, please provide justification of waiver - or exemption that has been approved by the SARSAV Training Committee : **No prerequisites. Must Complete ICS 100 and a Standard First Aid training before eligible for Search taskings.**

Affiliation:

Check all applicable categories:

☐ Law Enforcement ☐ Technical Rescue ☐ First Aider ☐ EMT
☐ Fire Service ☐ Ground Searcher ☐ Park Service ☐ Other
Medical*
☐ Dog Handler ☐ Military ☐ Diver ☐ Climber
☐ SAR Volunteer ☐ Hiker ☐ Instructor* ☐ Air Observer
☐ River Runner/Guide ☐ Tracker ☐ Other*

Explain

any* _____

NSS Member: Yes ☐ No ☐ Since? _____ SAR Member: Yes ☐ No ☐ Since
(year)? _____

I hereby acknowledge that the above-named trainee meets the prerequisites for the named Course and that our SARSAV Chapter or SAR partner Agency nominates this person to attend the above Course.

Chapter President or SAR partner Authorized Person:

_____ Date: _____
Print Name Signature

Both Trainee and Chapter President/ or SAR Partner Authorized Person acknowledge that said trainee agrees to use the training in a practical manner on an on-going basis and that the trainee **must complete ICS 100 and a Standard First Aid training before eligible for Search tasks.**

Trainee signature: _____ Date: _____

For Instructor Use Only:

Successfully Completed Course: Yes ☐ No ☐ Registration status marked on
Volunteer Rescue? ☐ Certificate Issued: ☐

Instructor Comments:

Email completed form to training@sarsav.org and cc: Secretary@sarsav.org