

## Basic Rigging for Rope Rescue (ROBR) 16 hours



# YORK COUNTY FIRE SCHOOL

"A part of the Fire Chiefs and Firefighters Association of York County"

330 Emig Road

York, Pennsylvania 17406

[www.yorkcountfireschool.org](http://www.yorkcountfireschool.org)

Phone: (717) 767-4097, Fax: (717) 764-3243

**Course Title:** Basic Rigging for Rope Rescue, **SFA Course Code:** ROBR, **Length of Course:** 16 Hrs.

**Prerequisites:** Essentials of Fire Fighting, or Entry Level – Introduction to the Fire Service.

**Referenced Texts:** CMC Rope Rescue Manual, James Frank and Jerrold Smith; On Rope, Allen Padgett and Bruce Smith; High Angle Rescue Techniques, Tom Vines and Steve Hudson; Manual of U.S. Cave Rescue Techniques, Steve Hudson

**Description of Course:** Participants in this course will be introduced to characteristics of rope, rope hardware and various knots and hitches. Students will participate in patient packaging and stokes basket handling exercises. Students will be introduced to basic haul and lowering systems and their practical uses. Most of the program is hands on and time is allotted for practice to build proficiency.

**Dates:** (July 31<sup>st</sup> & August 2<sup>nd</sup>; 18:30 – 22:30 & 5<sup>th</sup>, 2017; 08:00 – 17:00)

**Instructor:** Will Shaver

**Cost:** \$95.00 (waived if training subscription was purchased)

### REGISTRATION INFORMATION

Sponsoring Organization: \_\_\_\_\_ Sta. No. \_\_\_\_\_ County: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Home Address: \_\_\_\_\_

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

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ @ \_\_\_\_\_.

(Student Contact Information)

### CHIEF'S AUTHORIZATION

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions which would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of Authorizing Person: \_\_\_\_\_

PRINT YOUR NAME

**Note: By authorizing this class, you are authorizing the Fire School to bill your organization for no shows. Students failing to give 72 hour notice of withdraw or not attending and/or missing 20% of a class, will subject the organization to a charge for the cost of the class. The organization is responsible for the cost of the class. Failure to pay such fees will result in eliminating your organization members' attendance at future classes.**

E-mail address OR phone # for confirmation / class cancellation notification purposes only (**REQUIRED**):

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ @ \_\_\_\_\_.

(Chief or Training Officer Contact Information Only)

Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY. Thank you.