

**Rope / High Angle Rescue 1 (RORE), 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.yorkcountymfireschool.org](http://www.yorkcountymfireschool.org)

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

**Course Title:** Rope / High Angle Rescue 1, **SFA Course Code:** RORE, **Length of Course:** 16 Hrs

**Prerequisites:** Fire Ground Support or Essentials of Firefighting, **Minimum Age: 16**

**Referenced Texts:** Course Guide Provided

**Description of Course:** This course provides an introduction to rope rescue and current rope technology. This hands-on course emphasizes personnel safety, rescue techniques and equipment, knots and hitches, anchor points, harnesses and rappelling, rope construction, rope strength, litter tie-ins, belays, and extensive practical activities. Students must provide clean leather work gloves, ankle-supporting footwear, a helmet with chin strap, safety glasses, and proper dress for all weather conditions. Each class participant will receive (1) 5.5' x 8mm piece of accessory cord and a 15' x 1" piece of tubular webbing (LAB FEE).

**Dates:** (October 14<sup>th</sup> & 15<sup>th</sup>, 2017; 08:00 – 17:00)

**Instructor:** Dave Nichols

**Lab Fee: \$10**

**Cost: \$90.00** (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 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ & \_\_\_\_\_ @ \_\_\_\_\_.

(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.