

**REQUIRED DOCUMENTATION:**

All of the following must accompany this application

- Proof of current CPR certification
- Proof of current First Aid certification
- Letter of team sponsorship
- Method of payment

**PAYMENT INFORMATION:**

Tuition \$435.00 U.S. Funds

Total: \$ \_\_\_\_\_

MC	VISA	AMEX	Personal _____	Department _____
Account #: _____				
Expiration date: _____				

Billing Address: \_\_\_\_\_ PO # \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Check # _____	Amount: _____
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Ice Rescue Trainer certificates are earned on the basis of satisfactory class performance. In this way, Dive Rescue International preserves the quality of its programs and reaffirms its commitment to present and future trainees.

Student Ice Rescue kits are a required part of the Ice Rescue Trainer teaching system and must be purchased at least 14 days prior to your department sponsored classes.

MAIL YOUR APPLICATION AND REQUIRED DOCUMENTATION TO:

**DIVE RESCUE INTERNATIONAL**  
**ATTN: COURSE REGISTRATION**  
**201 NORTH LINK LANE**  
**FORT COLLINS, COLORADO 80524**  
**FAX 970-482-0893**



## Ice Rescue Trainer Application

*A complete application, including all required documentation, must be received at Dive Rescue International headquarters at least three weeks prior to the first day of class. Please print clearly or type.*

**TRAINING LOCATION AND DATE:**

\_\_\_\_\_

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ FAX \_\_\_\_\_

Date of birth: \_\_\_\_\_

**DEPARTMENT/TEAM AFFILIATION:**

Department or team name: \_\_\_\_\_

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

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

Your position/title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ FAX \_\_\_\_\_

**This application does *NOT* guarantee your acceptance into the program. You will be notified of your acceptance after your application has been approved.**

**INSTRUCTOR AND/OR TRAINING EXPERIENCE:**

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**DESCRIBE YOUR WATER AND/OR ICE RESCUE EXPERIENCE:**

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**ICE RESCUE TRAINER REGISTRATION FEES:**

**Tuition per student: \$435.00 U.S. Funds**

Tuition includes the Ice Rescue Trainer Manual and Audio-Visual Materials.

**We accept checks, purchase orders, MasterCard, Visa, and American Express.**

*Sample Sponsorship Letter*

**MUST BE ON DEPARTMENT LETTERHEAD  
and contain the following paragraphs!**

**Date**

Dive Rescue International  
Attn: Education Department  
201 North Link Lane  
Fort Collins, CO 80524-2712

Dive Rescue,

This will confirm that **(name)**, an employee of **(department)** is instructing Ice Rescue to our employees in his/her capacity as a certified Ice Rescue Trainer.

**(Name)** is covered for instructor liability exposure while acting in his/her capacity as an employee of **(department)**. The trainer is defended by the agency self insurance or insured liability coverage.

**(Department)** understands that it is our responsibility to notify Dive Rescue International of changes in this coverage or this employee's status as an employee or instructor.

If you should have any questions on this matter please contact the undersigned.

Sincerely,  
**(Department Name)**

Supervisor's Signature

(Supervisor's Name)  
(Supervisor's Position)