

Exercise Dark Squeeze

Registration Form

Complete registration package: <http://bit.ly/jVLgy6>

First Name: _____ Last Name: _____

Related SAR Groups, Agencies, and Organizations you are affiliated with (full names):

Your e-mail address: _____

Mailing address: _____

Cell phone number you can be reached at while travelling to/from or in the exercise area:

Who should be contacted if you experience a health emergency during the exercise? Provide names and phone numbers.

When do you plan to arrive in the exercise area? September _____, Approximate time: _____

If you need to leave prior to Sunday noon, when? September _____, Time: _____

Please indicate which activities during the exercise you would like to participate in. Tick each that applies. Although we will try to match you to your interests, we cannot guarantee to do so.

- | | |
|--|--|
| <input type="checkbox"/> exercise observer/evaluator/controller | <input type="checkbox"/> transportation (ATV) |
| <input type="checkbox"/> underground rescue team | <input type="checkbox"/> equipment management |
| <input type="checkbox"/> underground rescue subject | <input type="checkbox"/> volunteer management |
| <input type="checkbox"/> underground radio operator | <input type="checkbox"/> ICS command |
| <input type="checkbox"/> cave entrance control | <input type="checkbox"/> ICS planning section |
| <input type="checkbox"/> above ground technical (rope) rescue team | <input type="checkbox"/> ICS operations section |
| <input type="checkbox"/> above ground non-technical rescue team | <input type="checkbox"/> ICS logistics section |
| <input type="checkbox"/> above ground rescue subject | <input type="checkbox"/> ICS liaison officer |
| <input type="checkbox"/> communications (radio) | <input type="checkbox"/> ICS safety officer |
| <input type="checkbox"/> base camp services | <input type="checkbox"/> ICS information officer |
| <input type="checkbox"/> transportation 4x4 | |

If uncertain or other, please describe the activities you want to undertake:

Please indicate your level of experience and training in the following areas. Tick all that apply. This is for advanced planning only. Normal evaluation will be performed on site.

Caving: never been in a cave been on professionally guided trips
 been on many trips in wild caves explored unmapped caves in remote locations

Vertical rope work - Single Rope Technique: never hung on a rope
 climbed rope and rappeled only under supervision
 descended and ascended rope on many pitches
 comfortable with performing rescue on single rope (pick-offs, counterbalance raises)

Rope Rescue Rigging and Operations: never worked with rope can tie a few knots
 member of an organized rope rescue team
 leader within an organized rope rescue team
 experience in building anchors using cams, chocks, nuts, etc.

Rope Rescue Team (full name):

Rope rescue certification: BC PEP RRTM BC PEP RRTL NFPA 1006

Other (specify):

Medical Training: none relevant Standard First Aid (advanced) wilderness first aid

Professional/Instructor/Other (specify):

Helicopter Operations: never been in a helicopter know basic helicopter safety
 landing zone officer - capable of determining and setting up LZ

Helicopter pilot, mechanic, or other professional, specify:

Radio Communications: never worked with 2-way radios occasionally use radios
 routinely use radios have managed traffic from many stations (Network Control)
 can set up and operate cave radios license HAM operator radio technician

4 Wheel Drive: never driven off road comfortable on clear trails
 comfortable on loose rock, steep slopes, deep creek crossings and tight bush

ATV/Quad: safety council certified comfortable on trails with gentle hills
 comfortable in mountainous terrain

Hiking: never been away from maintained trails comfortable on established hiking trails
 comfortable off trail in thick brush and trees comfortable on mountainous scree
 comfortable on exposed mountain heights

Incident Overhead Team: never been on an overhead team
 participated in real/mock overhead teams
 been real/mock incident commander(over maximum # of responders:)
 ICS 100 ICS 200 ICS 300 ICS 400 SAR manager

Please list any physical, medical or other limitations to your participation that we should be aware of:

Please list the equipment you are planning to or would be willing to bring. If this is team equipment please note the team name. Describe the quantity/size/nature of the equipment. Please record how your gear is marked or labelled so misplaced gear be directed back to you at the end of the exercise.

Will Bring	Can Bring	Item	Quantity	Description / Marking	Team Gear? (name team)
<input type="checkbox"/>	<input type="checkbox"/>	Climbing helmet			
<input type="checkbox"/>	<input type="checkbox"/>	Climbing/cave harness			
<input type="checkbox"/>	<input type="checkbox"/>	Personal vertical ascending and descending gear			
<input type="checkbox"/>	<input type="checkbox"/>	Cave suit / overalls			
<input type="checkbox"/>	<input type="checkbox"/>	Tent (# of people?)			
<input type="checkbox"/>	<input type="checkbox"/>	Group shelter			
<input type="checkbox"/>	<input type="checkbox"/>	Group first aid supplies			
<input type="checkbox"/>	<input type="checkbox"/>	Group rope rescue equipment			
<input type="checkbox"/>	<input type="checkbox"/>	Quad			
<input type="checkbox"/>	<input type="checkbox"/>	Multi-passenger ATV			
<input type="checkbox"/>	<input type="checkbox"/>	ATV helmet(s)			
<input type="checkbox"/>	<input type="checkbox"/>	ATV-towed trailer			
<input type="checkbox"/>	<input type="checkbox"/>	Bush-ready 4x4			
<input type="checkbox"/>	<input type="checkbox"/>	Radios (type & channels)			
<input type="checkbox"/>	<input type="checkbox"/>	Sat phones			
<input type="checkbox"/>	<input type="checkbox"/>	Generators			
<input type="checkbox"/>	<input type="checkbox"/>	Other base camp supplies			
<input type="checkbox"/>	<input type="checkbox"/>	Mobile command post			
<input type="checkbox"/>	<input type="checkbox"/>	Other			
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

Please note anything else you would like us to review regarding your registration:

E-mail this form to: dark-squeeze@castrov.cuug.ab.ca, fax: +1 403 627-4332, mail: Box 1251, Pincher Creek, AB, T0K 1W0

If you provided an e-mail address you should receive a confirmation within one week of our receipt.