



Texas Youth Fire Prevention and Intervention Conference

Schedule

June 15-17, 2016

Hotel

\$195 Registration Fee

Contact Us

June 13-14, 2016

Youth Firesetter Program Manager Level II Class

FREE • Pre-Registration Required

Registration

**Crowne Plaza Hotel
Austin, Texas**



Please send attached registration form to:

dbrannon@ci.pasadena.tx.us

Make checks payable to:

Texas Chapter IAAI



Texas Chapter
International Association of Arson Investigators

Mail checks to:

**Pasadena Fire Marshal's Office
1001 Shaw Avenue, Suite B-200
Pasadena, TX 77506**





Texas Youth Fire Prevention and Intervention Conference

Schedule •

Hotel

Contact Us

Registration



Texas Chapter
International Association of Fire Investigators



Times

8:00 a.m. - 5:00 p.m.

Wednesday, June 15 and Thursday, June 16

8:00 a.m. - 12:00 p.m.

Friday, June 17

Classes

Wednesday

Interviewing Skills and Techniques

Changing Dangerous Behaviors

YFIRS: Youth Firesetting Information

Repository and Evaluation System

Kathi Osmonson, Deputy State Fire Marshal - MN

Thursday

Family Law and Courtroom

Judge Lester Korick - City of Pasadena
Attorney Frank Hale - City of Pasadena

Friday

Question/Answer Session

Judge Lester Korick - City of Pasadena
Attorney Frank Hale - City of Pasadena
Attorney Sandra Salas - Fortbend County
Kathi Osmonson, Deputy State Fire Marshal - MN

Crowne Plaza Austin North Central

6121 North I-35
Austin, Texas 78752
512.323.5466

Crowne Plaza Hotel Reservation Instructions for:

Youth Fire Prevention & Intervention Conference 2016

Date: June 12-17 2016

CUT OFF DATE: May 23, 2016 - RATE; \$109.00 –

BOOKING CODE: [Youth Fire Prevention](#)

CODE- YFP

Book on line for your best result: Choose your dates select the “check rates & availability” and It will bring you to your rate and room type. Select book this room and proceed with the reservation.
Follow it until the end.

National reservation hotline: Best results CODE: YFP

Call or [1-800 593-5676](tel:1-800-593-5676) or Call 1-877-2-CROWNE (1-877- 227-6963) and use the following instructions:

Ask for “New reservations”

1. Specify the dates you wish to stay- Date: JUNE 12-17 - 2016
2. Identify yourself as “**Youth Fire Prevention & Intervention**” **participant**. CODE- YFP
3. Collect your confirmation number
- 4.

Driving Directions

- **Traveling North** on I-35, exit 238A. Travel north on service road 1/4 mile. After 2 traffic lights, hotel is on the right at the corner of I-35 and Hwy 290.
- **Traveling South** on I-35, exit 238A. As you exit, stay in left hand u-turn lane under I-35. Once on the northbound frontage road, the hotel is on the right.
- **Traveling East** on FM 2222, turn left at 2nd light at the intersection of 2222 & I-35 north frontage road. Hotel is on the right.
- **Traveling West** on Hwy. 290 towards I-35, take exit for I-35 north; hotel is on the right.



Emergency Services Training Institute - Extension

PO Box 40006, College Station, TX 77842
200 Technology Way, College Station, TX 77845

Phone: 979-845-2122

Website: www.teex.org/extension

Participant Information:

Please Print Clearly

(Photocopies can be made for additional participants)

Participant Legal Name (First name MI Last name) _____

TEEX Student ID** (or Last 4 of SSN*) _____

TCOLE PID# _____

TCFP FIDO# _____

FEMA SID# _____

PERSONAL INFORMATION

Address _____

City / County _____ / _____

State / Zip / Nation _____ / _____ / _____

Phone _____

Email _____

Date of Birth _____
(month / day / year) or (year) – see below

*Full date of birth required from non-US students and any student taking a course where full date of birth is required to be provided for participation.
Contact the course point of contact if unsure.*

I am or will be at least 18 years old on the first day of class

Male Female Student or Instructor

Company/Department/Agency Information

Organization _____

Supervisor Name _____

Address _____

City / County _____ / _____

State / Zip / Nation _____ / _____ / _____

Phone _____ Fax _____

Email _____

AFFILIATION STATUS (check all that apply)

- Paid Volunteer
- Industrial Non-affiliated

VETERAN? Yes No

Course Information:

Review and sign on back

Course Number	Course name	Class Location	Class Start Date

*Section 7(b) of the Privacy Act of 1975 (5 U.S.C. 552a) requires that when any federal, state, or local government requests an individual to disclose his or her social security account number (SSN), that individual also must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited and what uses will be made of it. (Call 866-878-8900 for full privacy statement.)

**New students will receive a student ID number from TEEX.

Prerequisite Release

Complete for Live Fire Training

I, the undersigned, verify that I have successfully completed any required prerequisite(s) as outlined.

Participant Name (Print or Type) _____

I, the undersigned, as chief or training officer of the represented fire department, company, or organization, verify that the above individual has successfully completed the required prerequisite(s) and will present verification documentation at this course.

Name (Print or Type) _____ Signature _____

Department / Company _____ Date _____

Review and sign on back

GENERAL RELEASE INFORMATION

REQUIRED FOR PARTICIPATION

General Liability Statement

In consideration for receiving permission to participate in the foregoing course sponsored by the Texas A&M Engineering Extension Service (TEEX), a member of The Texas A&M University System (TAMUS), I hereby **FULLY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS**, for any and all purposes, TEEX, TAMUS, the Board of Regents of TAMUS, and their respective officers, servants, agents, volunteers and employees (collectively, the "Released Parties"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, any injury to my person, including death, arising directly or indirectly out of my participation in the Course, **INCLUDING ANY SUCH DAMAGE, LOSS OR INJURY THAT IS CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES**. I further agree to **INDEMNIFY, DEFEND, AND HOLD HARMLESS** the Released Parties for, from, and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, attorneys' fees and costs of investigation), and actions of any kind or description for any damage to or loss of property or injury to persons, including death, arising out of the Course or my participation in the Course, **INCLUDING ANY DAMAGE, LOSS OR INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES, INCLUDING ANY NEGLIGENT CONDUCT OF THE RELEASED PARTIES** but excluding any gross negligence or willful misconduct of the Released Parties.

By execution below I hereby acknowledge that there are inherent risks involved in this Course and I recognize and assume all of the risks associated with participation in the Course. **I ACKNOWLEDGE THAT IT IS IMPORTANT THAT I VERIFY THAT I HAVE INSURANCE COVERAGE WHICH EXTENDS TO ME WHILE PARTICIPATING IN THE COURSE, AND THAT I SECURE SUCH COVERAGE IF I DO NOT ALREADY HAVE IT.** I understand that TEEX does not provide such coverage, and that no insurance coverage may exist through TEEX to cover any injuries or damages which I may sustain or claims which may arise as a result of my participation in the Course.

Non-Discrimination Statement

No individual will, on the basis of race, color, sex, religion, national origin, age, or disability, be excluded from participation in, or be denied the benefit of, or be subjected to discrimination under any System program or activity. If you, as a student do feel that you have been discriminated against, please contact TEEX's Human Resources Office at 979-458-6801 or at HR@teex.tamu.edu.

Media Release

Occasionally TEEX training is photographed and/or videotaped for marketing and promotional purposes. If such a need should occur, the instructor will notify the class and you will have the opportunity to opt-out of participation. Otherwise, your participation grants TEEX the right to use any and all photographs or video taken during training for the purposes of marketing or promotion.

*Privacy Act and Policy

All participants of TEEX courses, technical assistance, and exercises are advised that disclosure of a full Social Security Number (SSN) is optional unless required for reporting purposes by the participant's occupation's certifying organization or a grant/contract sponsor. The SSN is used to maintain accurate participant training records and to reliably report such data to supervisors or other agencies. A participant SSN will not be disclosed to any other person(s) without the participant's prior written consent.

Section 559.003 of the *Texas Government Code* requires that all participants be informed that, with few exceptions, participants are entitled on request, to receive, review and correct any information collected by the use of this form. It is the policy of TEEX that all federal statutes will be followed pertaining to employment and recruitment of students without regard to race, sex, color, religion, national origin, age, or disability.

Acknowledgement

I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Release of Academic Record

I authorize the release of my academic records, including test scores, by TEEX to my sponsoring company or department for the purpose of verification of my attendance and completion of training provided by TEEX. Be advised, your certificate may be sent to your sponsoring company/department regardless of your response. **Select your response.**

YES **NO** **NOT APPLICABLE (Not enrolling as part of a company or department)**

Signature: _____

Date Signed: _____

