

Registration Guide

1. Download registration forms
2. Fill out Participant information page, Disaster Worker form, medical information form, medical release and food policy form.
3. If paying by check, mail the participant information page and check to

**Robert A. Craig, CPA
102 West Alexander
Merced, CA 95348**

4. If paying by PayPal, please fax the participant information page to
1-209-722-0887
5. VERY IMPORTANT! You must bring your completed forms with you to SAREX and turn them in at the registration area. If you do not, you will have to re-fill them out at the event.

DISASTER SERVICE WORKER

LOCAL AND STATE INFORMATION: Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

ATTACH PHOTOGRAPH HERE	<p><i>This block to be completed ONLY by government agency or jurisdiction</i></p> <p>CLASSIFICATION: _____ SPECIALTY: _____</p> <p>AGENCY OR JURISDICTION: _____</p> <p>REGISTRATION DATE: _____ RENEWAL DATES: _____</p> <p>EXPIRATION DATE:* _____ DSW CARD ISSUED?: NO? YES? #: _____</p> <p>PROCESSED BY: _____ DATE: _____ TO CENTRAL FILES: _____</p>
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TYPE OR PRINT IN INK (HIGHLIGHTED AREAS REQUIRED BY REGULATION)

NAME: LAST		FIRST		MI	SSN:	
ADDRESS:			CITY:		STATE	ZIP:
COUNTY:		HOME PHONE:		WORK PHONE:		
PAGER:		EMAIL:		DATE OF BIRTH: (OPTIONAL)		
DRIVER LICENSE NUMBER:		DRIVER LICENSE CLASS: A? B? C? M? OTHER DRIVING PRIVILEGES:		LICENSE EXPIRATION DATE:		
PROFESSIONAL LICENSE: (IF APPLICABLE)		FCC LICENSE: (IF APPLICABLE)		LICENSE EXPIRATION DATE		
IN CASE OF EMERGENCY, CONTACT:					EMERGENCY PHONE:	
Physical Identification:	HAIR:	EYES:	HEIGHT;	WEIGHT: (Optional)	BLOOD TYPE:: (Optional)	

Government Code §3108-§3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

DATE	SIGNATURE	IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN
SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH		TITLE

Merced County Sheriff's Department

Henderson Park

RELEASE OF LIABILITY

Name of the Agency or entity you represent: _____

Each individual utilizing the facilities at Henderson Park, as well as any surrounding field area must complete this form.

1. I hereby forever **RELEASE AND DISCHARGE**, Merced County and the State of California, its employees and agents from any and all liabilities, claims, demands or causes of any action that I may hereafter have for injuries and damages arising out of participation in training activities at premises owned by Merced County or the State of California, including, but not limited to: losses caused by the passive or active negligence of the released parties or hidden, latent or obvious defects in the premises or equipment used.

2. I understand and acknowledge that activities involved in search and rescue exercises have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I have expressly and voluntarily assumed all risks of death and personal injury sustained while participating in training activities including the risk of passive or active negligence of the released parties, or latent or hidden or obvious defects in the premises or equipment used.

3. I acknowledge that I have been given the opportunity to read the entire document. I am signing this contract voluntarily with a full understanding that by signing I have released Merced County, its employees and agents from all liability resulting from my participation in training activities.

Inclusive Dates: September 11, 12 and 13, 2009

Printed Name: _____

Signature: _____

Parent or Guardian if under 18 years of age

Printed name of Parent or Guardian

Merced County Sheriff's Department

If you are injured while on duty, this information will be given to responding medical emergency professionals so that they can treat your injury or illness more effectively. This information will be kept in the possession of the team EMT and will not be used for any other purpose or given to anyone else, for any reason. If you do not wish to participate, please check the box below, sign the form and turn in with registration form.

Name: _____ DOB: _____ Ht. _____ Wt. _____ Blood Type _____

Do you have any physical disabilities or limitations that would affect your participation? YES ____ NO ____

If yes, please explain: _____

Have you ever had any illness that would affect or limit your participation? (i.e.: tuberculosis, hepatitis, rheumatic fever, malaria) YES ____ NO ____ if yes, please explain: _____

Have you had a serious injury that may affect or limit your participation? (i.e.: broken back, broken neck, skull fracture, amputation) YES ____ NO ____ if yes, please explain: _____

Have you had any surgery that would affect or limit your participation? (i.e.: back, knee, appendix, heart, gall bladder) YES ____ NO ____

Are you allergic to any medications? YES ____ NO ____ if yes, please list: _____

Do you have any other allergies? (i.e.: bee stings, pollens, molds) YES ____ NO ____

Are you currently taking any medications on a regular basis? YES ____ NO ____ Please List: _____

Please list any and all serious medical conditions that you currently suffer from and include the treatment/medication that you are currently using for that condition: (i.e.: diabetes, epilepsy, heart condition, high blood pressure, asthma, chronic lung disease) NONE ____ Or: _____

Do you carry medication for these or any other condition with you? YES ____ NO ____

If yes where? (Pocket, purse, pack, vehicle, locker) _____

Your doctor's name: _____ phone: _____

Emergency hospital preference: _____ Religion: _____

Emergency contact: _____ phone _____

I Authorize the Merced County Sheriff's Department to keep this information on hand and use as needed in case of an emergency. I understand that all information will be kept confidential.

I DO / DO NOT WISH TO PARTICIPATE _____

Circle One

Signature

Date