



Ice Rescue Class Roster

Instructor _____ Instructor # _____
Location _____ Date _____

The personnel listed below have met all the requirements to receive the Certificate of Completion for Ice Rescue Specialist as set forth by Dive Rescue International. This completed roster must be returned within 10 days of the class date to Dive Rescue International, 201 N Link Lane, Fort Collins, CO 80524. **No abbreviations or acronyms may be used.**

PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE FILLED OUT COMPLETELY OR ROSTER WILL NOT BE ENTERED INTO DATABASE. INSTRUCTOR WILL FILL IN EXAM SCORES.

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| 1. Name _____ | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department _____ |
| Phone _____ | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email _____ |
| Address _____ | City _____ | State _____ Zip _____ |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work |

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| 2. Name _____ | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department _____ |
| Phone _____ | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email _____ |
| Address _____ | City _____ | State _____ Zip _____ |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work |

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| 3. Name _____ | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department _____ |
| Phone _____ | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email _____ |
| Address _____ | City _____ | State _____ Zip _____ |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work |

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| 4. Name _____ | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department _____ |
| Phone _____ | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email _____ |
| Address _____ | City _____ | State _____ Zip _____ |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work |

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| 5. Name _____ | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department _____ |
| Phone _____ | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email _____ |
| Address _____ | City _____ | State _____ Zip _____ |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work |

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| 6. Name _____ | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department _____ |
| Phone _____ | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email _____ |
| Address _____ | City _____ | State _____ Zip _____ |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work |

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| 7. Name _____ | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department _____ |
| Phone _____ | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email _____ |
| Address _____ | City _____ | State _____ Zip _____ |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work |

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| 8. Name _____ | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department _____ |
| Phone _____ | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email _____ |
| Address _____ | City _____ | State _____ Zip _____ |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work |

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| 9. Name _____ | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department _____ |
| Phone _____ | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email _____ |
| Address _____ | City _____ | State _____ Zip _____ |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work |

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| 10. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

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|----------|---|------------|-----|--|------------|--|
| 11. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

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| 12. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

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|----------|---|------------|-----|--|------------|--|
| 13. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

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| 14. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

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| 15. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

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| 16. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

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| 17. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

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| 18. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

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| 19. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

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|----------|---|------------|-----|--|------------|--|
| 20. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

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|----------|---|------------|-----|--|------------|--|
| 21. Name | <input type="checkbox"/> Recertifying <input type="checkbox"/> Surface Support | Department | | | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email | | | Exam Score | |
| Address | City | State | Zip | <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

Ice Rescue Trainer

Student Record Submission Form

IMPORTANT - This form must be completed, signed, and submitted with your class roster. Rosters submitted without this form will be returned to the instructor, and their students' certificates will be **invalid**.

SECTION I REVIEW OF ICE RESCUE TRAINER REQUIREMENTS

According to the Ice Rescue Trainer Agreement, I am required to:

- 1) Maintain certification in CPR and First Aid.
- 2) Be an active member of a recognized public safety agency and teach only those who are also active members of public safety agencies and at least 18 years of age.
- 3) Ensure that liability insurance coverage is provided through the sponsoring department while working within the scope of employment for said department. When teaching outside of your sponsoring agency, a written waiver is required from Dive Rescue International. A request for a waiver should be sent to Dive Rescue International.

I hereby state that I clearly understand these requirements as they are outlined in the Ice Rescue Trainer Agreement. If requested by Dive Rescue International, I further understand that it will be my responsibility to provide proof that I am in compliance with these requirements.

Ice Rescue Trainer Name
(Please print)

Signature

Date

SECTION II ICE RESCUE STUDENT EXAMS AND CERTIFICATES

An acceptable passing score on the Ice Rescue Exam is 85%. If a student's exam score is unacceptable, identify areas of weakness and cover the appropriate lectures again with the student. You may then re-test the student either orally or in writing. Only students who successfully pass the final examination may be awarded the Ice Rescue Certificates.

I understand the above stated policy on the testing of Ice Rescue students and issuing certificates. The roster I have enclosed is a complete list of students who have successfully completed the Ice Rescue program requirements. If a student's class performance was not acceptable, or if they will be re-tested at a later date, I have noted this on the roster. I will promptly notify Dive Rescue International of any re-tested students who pass the program at a later date.

Signature

Date

Please submit the following to Dive Rescue International, 201 North Link Lane, Fort Collins, CO 80524-2712:

Complete Student Records Submission Form
Class Roster
Emergency Action Plan (EAP)

Please KEEP the following for your records:
Copy of the Student Records Submission Form
Copy of the Class Roster
Student Exams
Class Evaluations
Liability Release and Express Assumption of Risk
Statement of Understanding
RSTC Medical Form