**The** **Alabama “Safe Schools” Training Conference**



June 1 – 5, 2020

Orange Beach Event Center

4671 Wharf Parkway

Orange Beach, Alabama

**A training event for all professions working to provide safety for our schools and the youth!**

For conference information visit [www.taasro.org](http://www.taasro.org)

or Email TAASRO Education Coordinator,

Seth Sullivan sullivan@falkville.org

 United for Alabama’s Youth

The Alabama Association of School Resource Officers

21st Annual Safe Schools Training Conference

Gulf Shores and Orange Beach Alabama

June 1- 5, 2020

(Name, as you would like to appear on conference badge and certificate)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name |  | First Name |  | Middle Initial |  |
| Agency/School/Organization |  |
| Work Title |  |
| Mailing Address |  |
| City |   | State |  | Zip |  | County |  |
| Phone |  | ext |  |  |
|  | *Please mark one of the email options* |  | I already receive TAASRO Egroup emails and want to continue. |
| Email |  |  | I would like to receive Egroup emails. |
|  |  |  | I do not want to receive Egroup emails. |
| T-Shirt Size |  |  | Payment Method |  |
|  | S, M, L, XL, 2XL, 3XL… |  | Payment From |  |
|  |  |  | Attending NASRO Course | Yes or No  | Basic | Advanced | Sup and Mgt |

 \*\*\*\*\*MUST register through NASRO [www.nasro.org](http://www.nasro.org) or 1-888-221-0258

**Payment should be made to: TAASRO Conference**

**Conference Registration $200.00 before April 17, 2020**

Pay on Site or Late Registration $250.00

*Attendees must be paid in full to receive certificate.*

*Conference items are limited to attendees who register prior to April 17, 2020.*

Registration forms and payments should be mailed to:

TAASRO

C/O Heather Norred

P.O. 723 Opelika, AL 36803 (px 334-742-3512)

 *Please note: Each participant is responsible for making all travel and hotel reservations. See* [*www.taasro.org*](http://www.taasro.org) *for lodging information.*



**Active Shooter Awareness Experience**

Break out session

Classes are limited

These sessions will be scheduled as first come first serve

The Alabama Association of School Resource Officers

21st Annual Safe Schools Training Conference

Active Shooter Awareness Experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name |  | First Name |  | Middle Initial |  |
| Agency/School/Organization |  |
| Mailing Address |  |
| City |   | State |  | Zip |  |
| Phone |  | ext |  |  |

Class description: This is a class taught by SROs trained in Active Shooter Response and will be held in a school setting. There will be a classroom lecture and hands on training with simunition equipment. Attendees will be equipped with the proper safety attire and equipment needed to safely perform the training scenarios. Scenarios will place the attendee into the stressful duty of the responding officer responding to an active shooter and will allow you to see the importance of training, preparation and the split second decision-making skills.

Refreshments and lunch will be provided. Classes are limited to 20 students on each day and classes will be held from 8:30 AM-12:00 PM, dates are TBA. Class will require participants to engage in physical activity. Attendees will be placed into classes on a first come, first served basis. Classes will be taught by certified trainers in active shooter response.

 PAYMENT SHOULD BE MADE TO: TAASRO CLASS FEE: $25.00

 Send Registration and Payments to: TAASRO

 C/O Heather Norred

 P.O. 723

 Opelika, AL 36803

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, agree to hold harmless TAASRO, its instructors, and affiliated agencies for any injury that may occur during this training. I understand that SIMUNITION will be used in this class. I agree to follow all directions and safety rules of the instructors and safety officers. I agree not to enter into the shooting area without all safety gear, including helmet with eye protection, in place.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Date \_

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Date\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_