



Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date of Class Registering for: \_\_\_\_\_

## RANDOLPH YMCA

# CPR/AED for the Professional Rescuer Blended Learning

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: M / F (circle one) Age: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Would you like to be on our email list? YES NO

### REGISTRATION FEES

_____ Member	<b>\$80</b>
_____ Non Member	<b>\$90</b>
_____ Staff	<b>\$30</b>

Director Signature \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

### PAYMENT

CASH

CHECK: Please make the check payable to the Randolph YMCA and staple your check to this form.

CREDIT CARD: \_\_\_\_\_

CREDIT CARD # (VISA, MASTERCARD, DISCOVER OR AMEX)

CVV CODE

EXPIRATION DATE

NAME OF CARDHOLDER

"I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property."

**I also understand that no make ups or refunds will be given for classes missed due to vacation, illness or personal reasons.**

By signing below, I am agreeing to the above statements

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_