



**CPR Course Registration Form
TO REGISTER FOR A CLASS, PLEASE BRING
THIS FORM ALONG WITH PAYMENT TO THE
CHANNAHON FIRE STATION 1 AT 24929 S.
CENTER STREET, CHANNAHON, ILLINOIS 60410**

Student Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **Zip Code:** _____

E-Mail Address: _____

2009 Course Selection:

_____	February 7, 2009 – 9AM	CPR for Family and Friends	No Cost
_____	March 21, 2009 – 9AM	Healthcare Provider CPR	\$40/\$55
_____	June 13, 2009 – 9AM	Heartsaver 1st Aid with CPR	\$50/\$65
_____	July 24, 2009 – 9AM	Healthcare Provider CPR	\$40/\$55
_____	October 17, 2009 – 9AM	Heartsaver 1st Aid with CPR	\$50/\$65
_____	November 24, 2009 – 9AM	Healthcare Provider CPR	\$40/\$55

Course information and notifications may be sent via e-mail, so please provide your e-mail address, ensuring to write legibly. Please also make a point to check your e-mail messages shortly before a course. Classes will not be canceled for low enrollment. Some classes may be canceled if no students have registered by making payment one week before the class is scheduled. If for reason beyond our control, a class must be canceled, the class will be rescheduled as soon as possible. We will attempt to contact you by phone should a class be canceled. If a class needs to be relocated, we will notify you via e-mail or phone. Refunds will only be given if we need to cancel a class. Classes start at 9 AM, failure to arrive on time could result in failure of the course. Failing to attend the course on its' scheduled date and time will cause you to forfeit your registration.

Release of Liability I, and my heirs, in consideration of my participation in the Cardiopulmonary Resuscitation Class on at the Channahon Fire Station number 1, 24929 S. Center Street, Channahon, Illinois , hereby release the Channahon Fire Protection District, the Channahon Fire Department, American Heart Association, the instructors, its officers, employees and agents, and any other people officially connected with this class, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. I am aware of the risks of participation, which include, but are not limited to, physical injury from psychomotor skills performance and classroom demonstrations. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that the Channahon Fire Protection District does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

Student Signature

Date

YOUR REGISTRATION WILL NOT BE ACCEPTED WITHOUT PROPER PAYMENT. PROOF OF RESIDENCE MAY BE REQUIRED AT TIME OF REGISTRATION AND ID MAY BE REQUIRED AT THE TIME OF THE SCHEDULED COURSE